

Name  
in  
Full

George H. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month 5	Day 19	Years —	Months 5	Days —
Sex male	Color or Race white	Birth-place Md.			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed single	Name of Wife or Husband —				
Father's Name Frank Anderson	Father's Birthplace Georgia				
Mother's Maiden Name Julia Warner	Mother's Birthplace Md.				
Name of person giving Information G. H. Warner	How related to deceased Grandfather				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Acute Gastro-enteritis

Immediata Syncope.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Yes

105

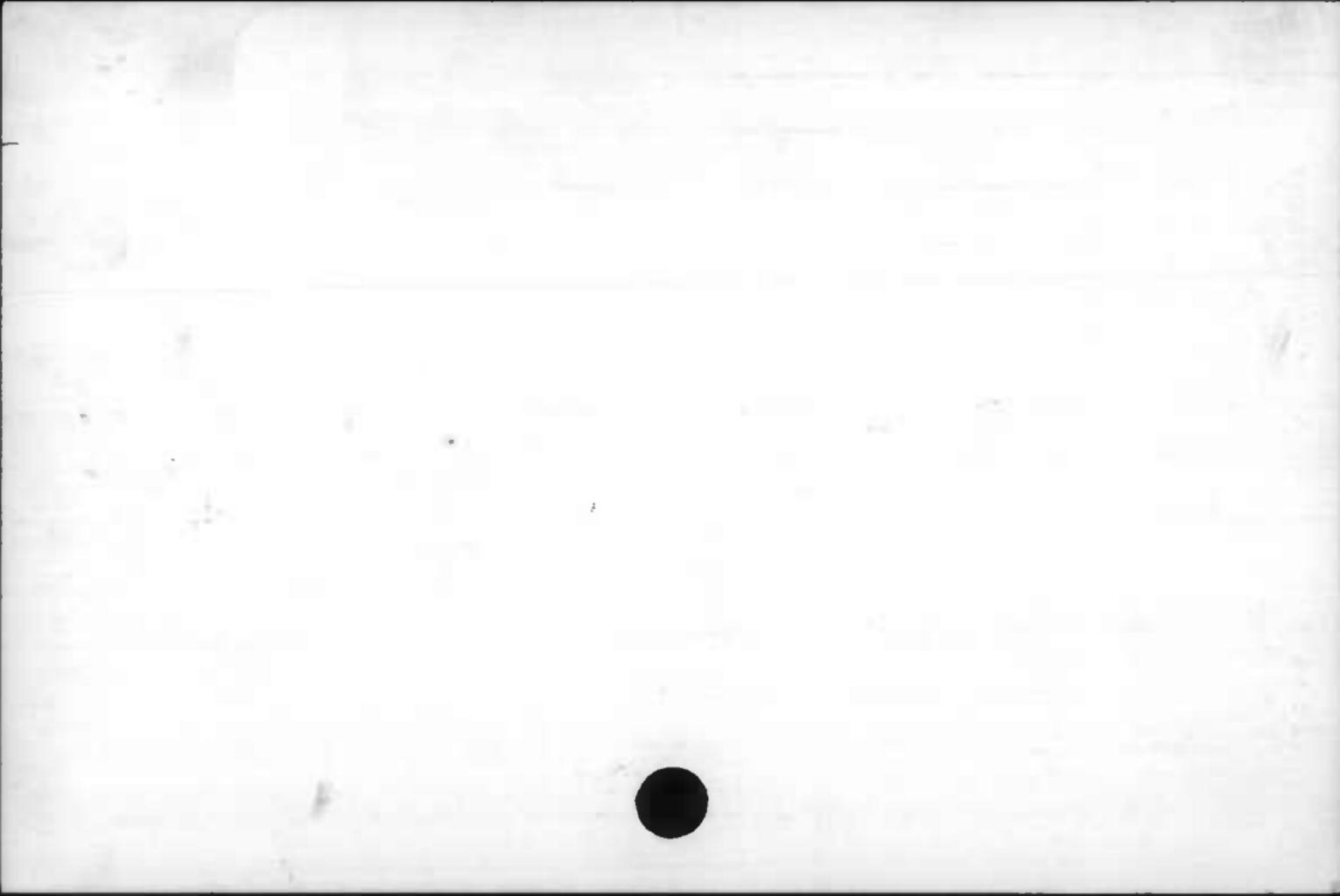
How long

3 days.

How long

18 hrs.

J. R. Laughlin  
Hagerstown



Name  
in  
Full

Norbert H. Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
Sex	Color or Race	Age	Month
Occupation	Where Residing if not et place of death		
Married, Single or Widowed	Name of Wife or Husband	Frances Forsythe	
Father's Name	Thomas Austin		
Mother's Maiden Name	Miss Lawrence		
Name of person giving Information	Mrs Austin		

CAUSES OF DEATH

(46)

Primary

Abdominal tumor

How long

One year  
One month

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

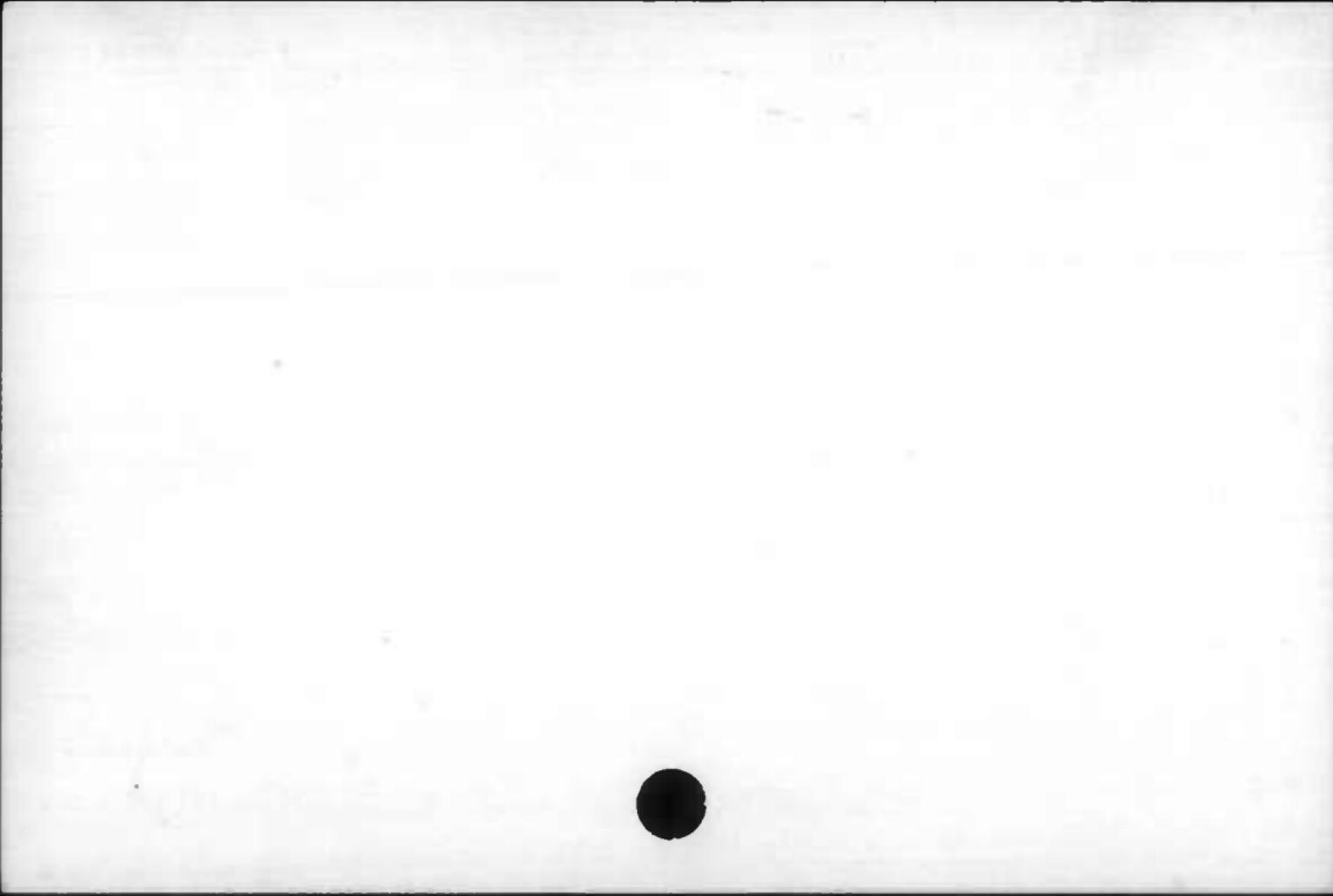
Signature of  
Physician

Address

Abraham Shank  
6 Tearspring  
Washington County

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Susan Nora Barkdoll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Ringgold		County	Washington	
Died at	Month	Day	Years	Month	Day
Date of death 1909	May	14	Age 30	9	4
Sex Female	Color or Race	White			
Occupation Housewife	Where Residing if not et place of death				
Married, Single or Widowed Married	Name of Wife or Husband	Charles L. Barkdol			
Father's Name Jacob Hoover	Father's Birthplace Md.				
Mother's Maiden Name Mary Barkdol	Mother's Birthplace Md.				
Name of person giving Information Mary Hoover	How related to deceased Mother				

CAUSES OF DEATH

120

How long

How long

PHYSICIAN  
OR CORONER

Primary

Bright's disease

Three weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

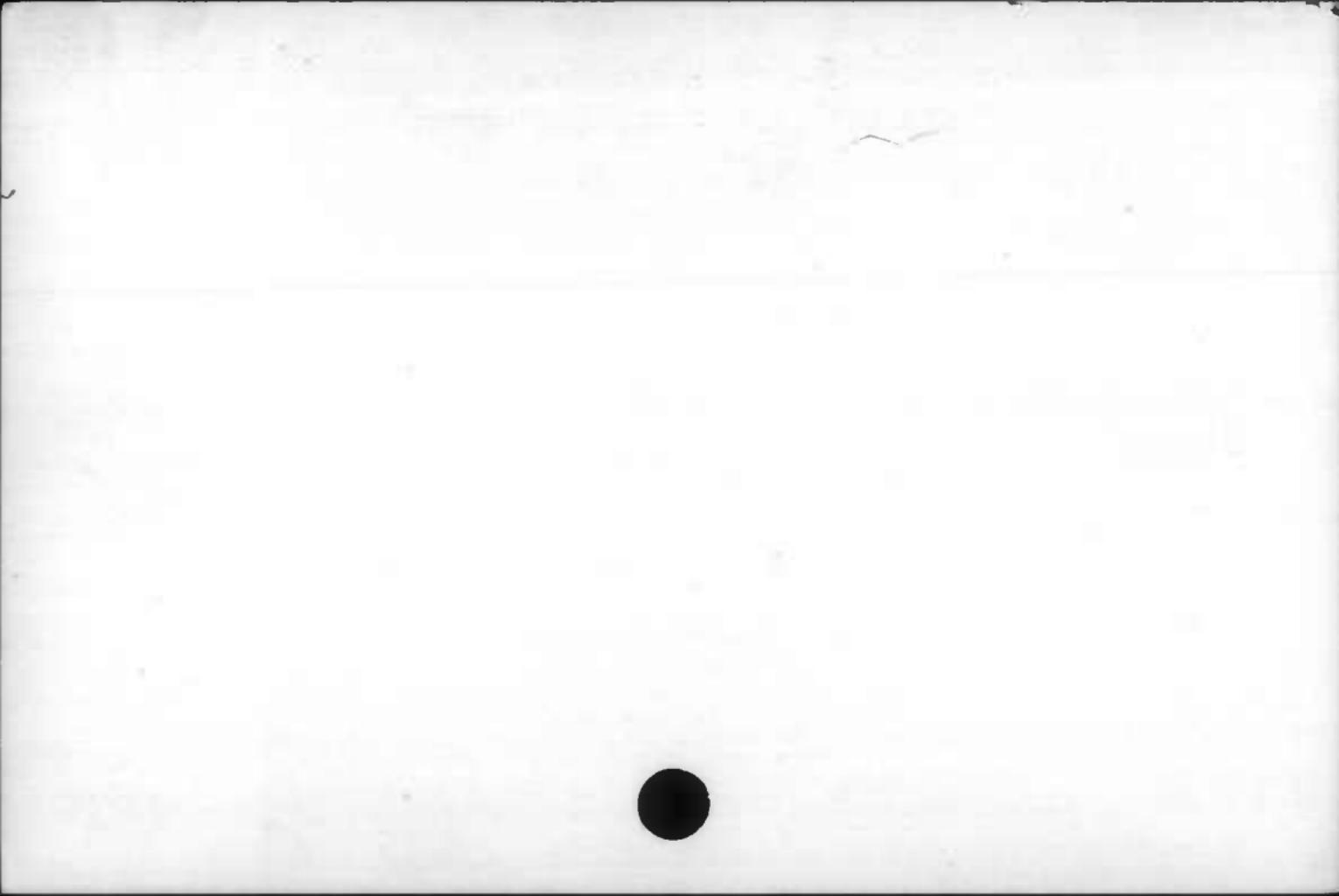
yes

Signature of  
Physician

Address

J. D. Wishard  
Leitersburg Md.

Accident or Suicide



Name  
in  
Full

Martin Luther Bloom

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Hagerstown			County	Wash	
Died at	Month	Day	Years	Months	MARYLAND	
Date of death 190	5	28	4	9	Days 11	
Sex male	Color or Race	white	Birth-place	Md.		
Occupation	Where Residing if not at place of death					

Married, Single  
or Widowed single

Name of Wife or  
Husband

Father's Name

Albert M. Bloom

Father's Birthplace

Md.

Mother's Maiden Name

Annie Heckman

Mother's Birthplace

Name of person giving  
Information

A. M. Bloom

How related  
to deceased

father.

CAUSES OF DEATH

Primary

Measles

6

How long

Eleven days

Immediate

Edema of lungs, Spasmodic. Between spaces

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

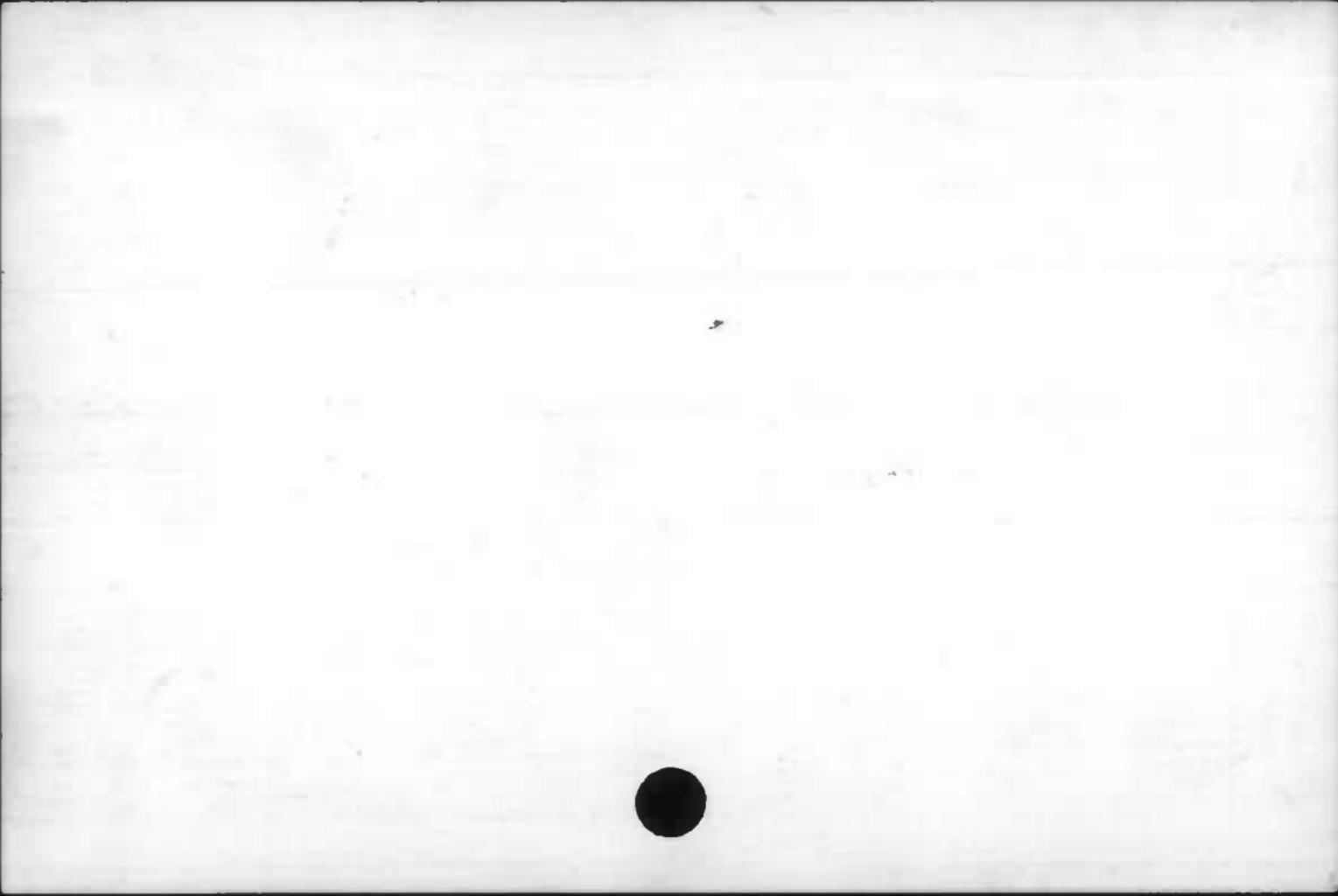
O.H.W. Maguire

Hagerstown, Md

PHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

H.S. Brown Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Hagerstown</u>		Town	County <u>Washington</u>		MARYLAND	
Date of death <u>190</u>	Month <u>5</u>	Day <u>27</u>	Age <u>F</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Hagerstown, Md.</u>				
Occupation <u>Infant</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Infant</u>	Name of Wife or Husband <u>Infant</u>		Father's Birthplace <u>Pa.</u>			
Father's Name <u>Hughy Brown</u>			Mother's Birthplace <u>Pa.</u>			
Mother's Maiden Name <u>Armin M. Cunningham</u>			How related to deceased <u>Father</u>			
Name of person giving Information <u>H. S. Brown</u>						

CAUSES OF DEATH

Primary

Insufficient - Cardiac Development

150

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. H. McEvoy

Hagerstown, Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Not Named Buckle

CERTIFICATE OF DEATH

Died at New Smithbury Town Washington Co County  
Date of death 1909 Month May Day 1 Years Age still born Months Days

MARYLAND

Sex Male Color or Race White Birth place New Smithbury  
Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Edward Buckle

Father's  
Birthplace

Beaver creek

Mother's  
Maiden Name

Jessie Harver

Mother's  
Birthplace

Fayville

Name of person giving  
Information

Geo Hoover undertaker

How related  
to deceased

sister

CAUSES OF DEATH

Primary

Not known - died in utero probably 2 week  
before birth body decayed

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

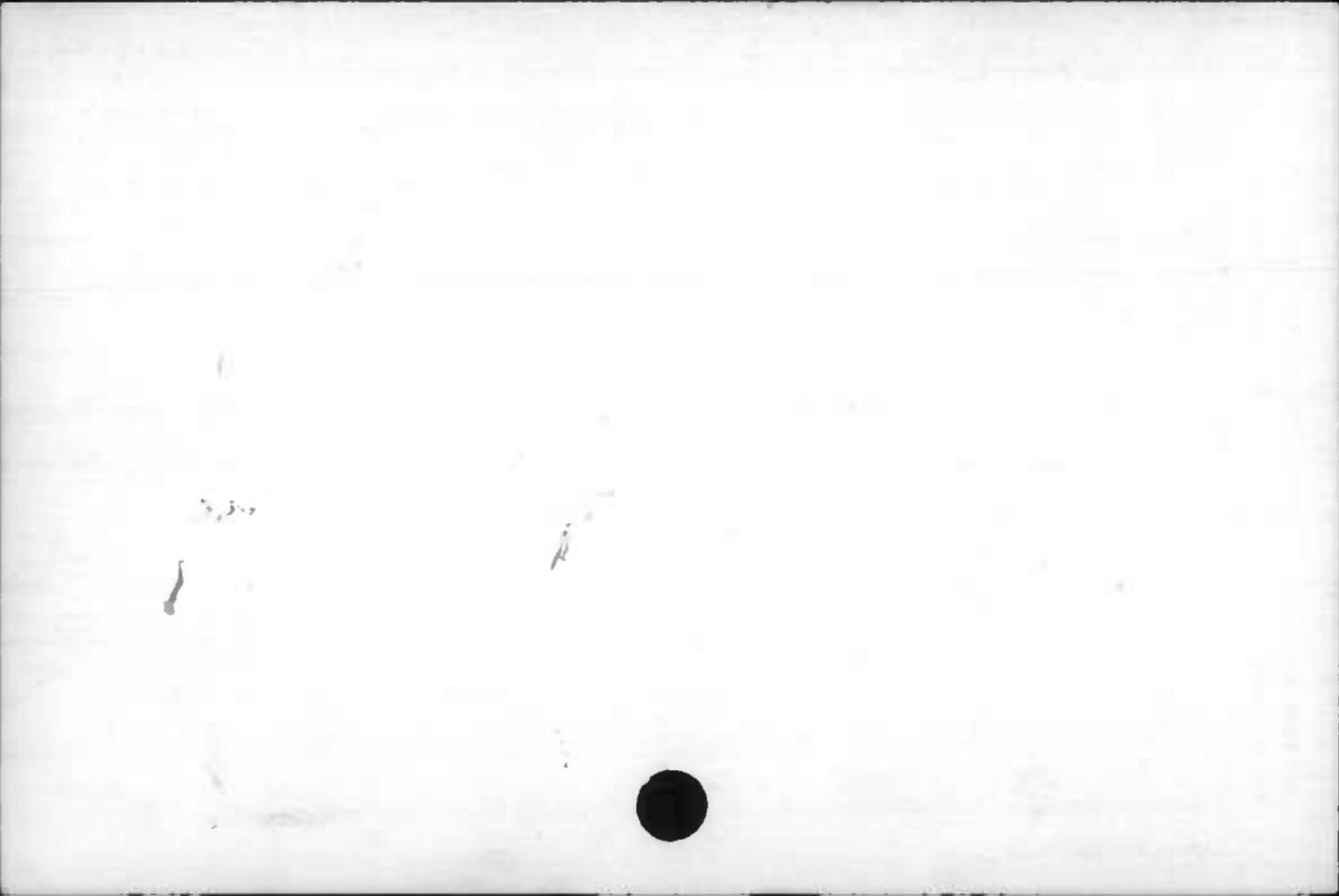
yes

Signature of  
Physician

Address

J. L. Massie M.D.  
New Smithbury Md.

Accident or Suicide



Name  
in  
Full

Albertas Clark

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name						
Mother's Maiden Name						
Name of person giving Information						

1909      5      13      18      -      -  
Female      Black      Takles Mills  
None      —  
—  
Richard Plummer      Washington Co.  
Margarett Wright      Wash Co.  
Lorraine Toybar      None

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Septic Environment

How long 17 years

Immediate Pulmonary Tuberculosis

3 years

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. M. Heiser  
Hedgesville West

Accident or Suicide?

L. E. Suman Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Name Nannie Amalia Cloyser				CERTIFICATE OF DEATH			
Died at <u>Baltimore</u>	Town	County <u>Washington</u>			State MARYLAND		
Date of death 1909	Month 5	Day 21	Years Age 43	Months 9	Days 25		
Sex Female	Color or Race <u>White</u>				Birth- place <u>Sharpsburg</u>		
Occupation <u>House Wife</u>	Where Residing if not at place of death						
Married, <u>Single</u> or Widowed	Name of Wife or Husband <u>Frank H Cloyser</u>				Father's Birthplace <u>Sharpsburg</u>		
Father's Name <u>Samuel Fisay</u>				Mother's Birthplace <u>Sharpsburg</u>			
Mother's Maiden Name <u>Annie Gordons</u>				Name of person giving Information <u>Frank Cloyser</u>	How related to deceased <u>Husband</u>		

CAUSES OF DEATH

21

How long

2 years

How long

2 months

PHYSICIAN  
OR CORONER

Primary

Tuberculosis Pulmonary

Immediate

Meninginal Tuberculosis & Pneumonia

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. M. Schleser

Address

Keadyville Md

Accident or Suicide

L E Suman & Son

Name  
in  
Full

Neda Kathleen Corby +

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Williamsport			County	Washington			
Died at	Month	Day	Years	Months	Days	MARYLAND		
Date of death	1909	May	27	Age	2	-	5	
Sex	Female	Color or Race	White	Birth-place	Williamsport Md			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Walter Corby			Father's Birthplace	Montgomery Co			
Mother's Maiden Name	Lydia Lively Martin			Mother's Birthplace				
Name of person giving Information	Walter Corby			How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Ridges

How long

16 yrs

Immediate

Pethenra

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ernest A. Parker  
Williamsport

Accident or Suicide

J J. Kups.

Mortaker May 29. 09

Riverview Cemetery



Name  
in  
Full

Pearl M. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County.	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Isabel Davis		
Father's Name	John Delander				
Mother's Maiden Name	Rebecca Renner				
Name of person giving Information	Isabel Davis				

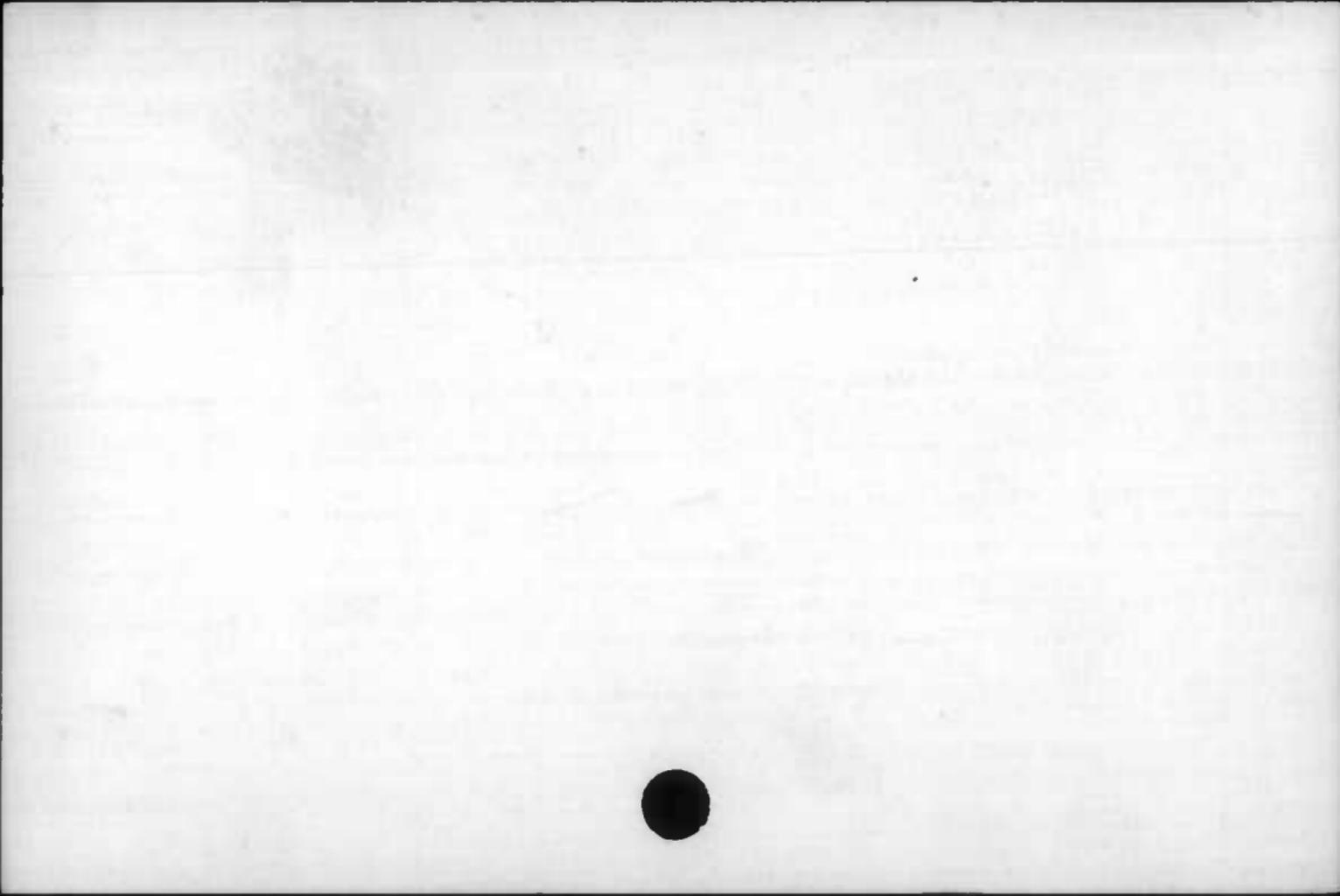
CAUSES OF DEATH

27

Primary	Tuberculosis Pulmonalis several years	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician
		Address
Accident or Suicide?		

PHYSICIAN  
OR CORONER





Name  
in  
Full

William J. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1909	Month 5	Day 21	Years 56
Sex male	Color or Race white	Birth-place Md.	Months 1
Occupation Laborer	Where Residing if not at place of death	Days 22	
Married, Single or Widowed married	Name of Wife Husband Alice J. Davis	Father's Birthplace Md.	
Father's Name John G. Davis	Mother's Maiden Name Mary A Shirley	Mother's Birthplace "	
Name of person giving Information Alice J. Davis	How related to deceased wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Myocarditis

6 Weeks

Immediate

Pulmonary oedema

13 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J P Langhlin  
Hagerstown MD

Accident or Suicide



Name  
in  
Full

Barbara E. Dayhoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Smithsburg

County

MARYLAND

Date of death 1909 Month 8 Day 28 Age 67 Month 5 Day 25

Sex Female

Color or Race

White

Birth-place

Baltimore

Occupation

House wife

Where Residing if not  
at place of death

Smithsburg

Married, Single  
or Widowed

Widowed

Name of Wife or Husband

noun

Father's Name

George. Backoff

Father's Birthplace

Baltimore

Mother's Maiden Name

Barbra. Steffey

Mother's Birthplace

Baltimore

Name of person giving  
Information

Barbara Dayhoff

How related  
to deceased

Son

CAUSES OF DEATH

42

How long

Primary

Carcinoma of ovaries 6 Months

How long

Immediate

" 6 Months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

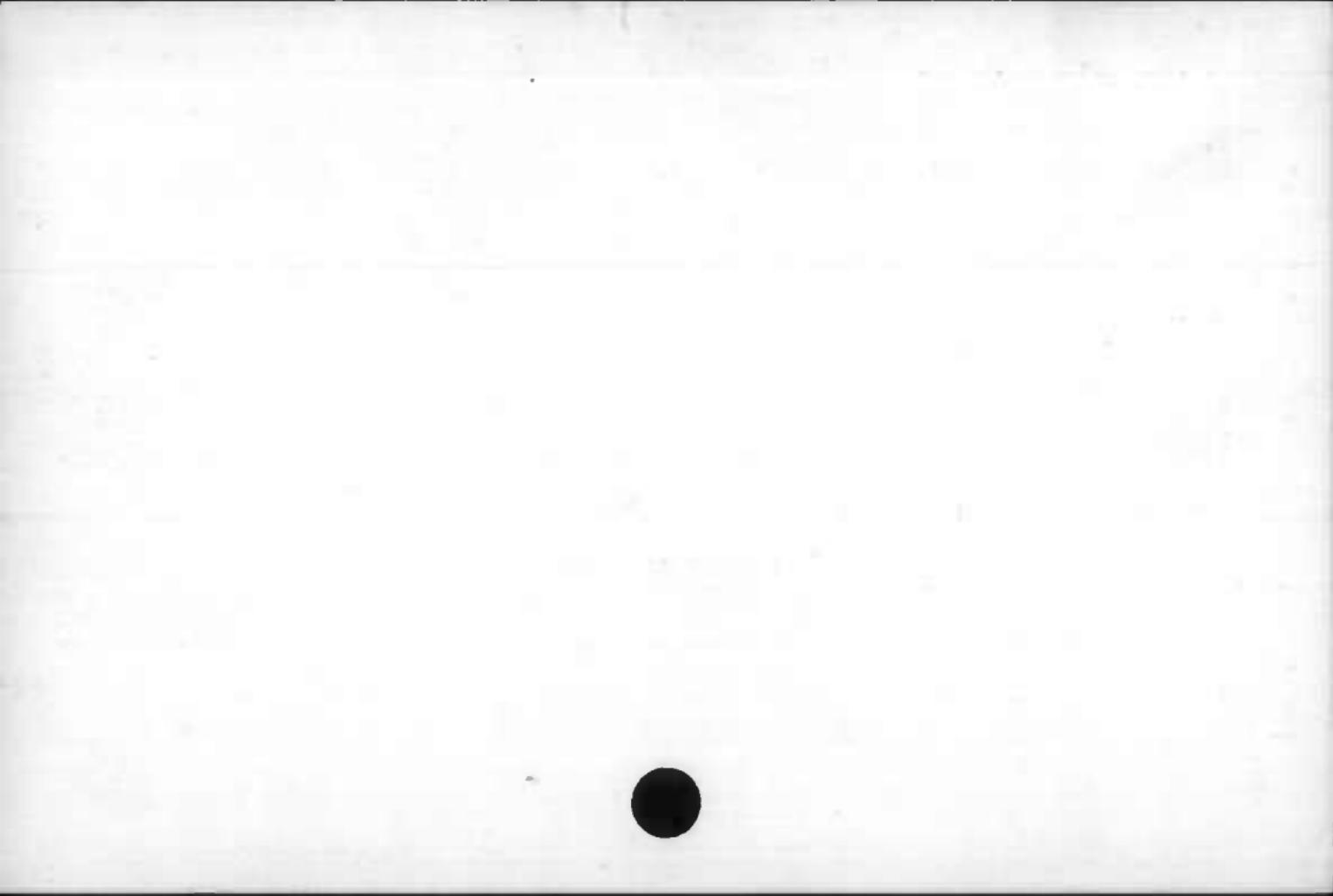
Signature of Physician

Address

Dr. M. D. Neffauer  
Smithsburg  
Maryland

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mrs. Eliza F. Duffy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Hagerstown		County	Wash	
Disd et	Month	Day	Years	Months	Days
Date of death 190	5	31	Age 80	1	16
Sex Female	Color or Race white	Birth-place Md.			
Occupation N.W.	Where Residing if not at place of death				
Married, Single or Widowed widow	Name of Wife or Husband Wm S. Duffy	Father's Birthplace Md.			
Father's Name Elie Stake	Mother's Birthplace Scotland				
Mother's Maiden Name Ella Monahan	How related to deceased son				
Name of person giving Information Chas Duffy					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Myocarditis

Immediate by haemoptysis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. Werk  
Hagerstown

Accident or Suicide

C.W. Sutler Sons

Name  
in  
Full

Susan Dunning

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	white	Baltimore Co.			
Occupation	Where Residing if not at place of death					
Married, Single Widowed	Name of Wife or Husband	David Dunning				
Father's Name	Doris —					Father's Birthplace
Mother's Maiden Name	Biggs					Mother's Birthplace
Name of person giving information	Bettie Ratner					How related to deceased

CAUSES OF DEATH

66

How long

6 months

How long

6 months

Primary

Paralysis

Immediate

Don't know

Are the name, age, sex, color, date and place correctly given above?

Yes

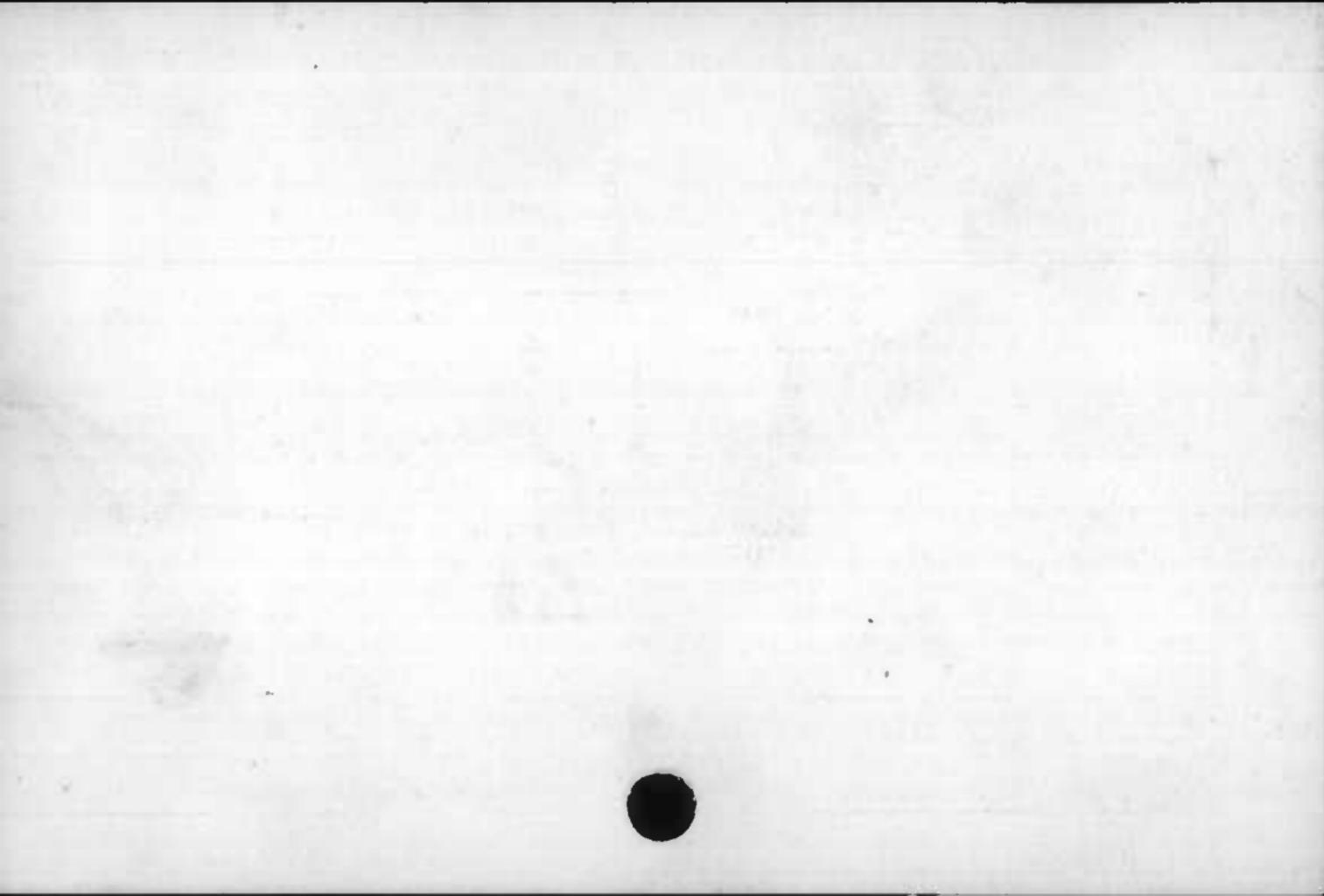
Signature of Physician

Address

J. O. Siger

Hancock Md.

Accident or Suicide?



Name  
in  
Full

Not named Funkhouser +

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Indian Spring	Town	County	MARYLAND
Date of death	1909	Month	Day	Years Months Days
Sex	Female	Age	white	9 hours
Occupation	None	Color or Race	Birth-place	Md
Married, Single or Widowed		Name of Wife or Husband	Where Residing if not at place of death	At place of death
Father's Name	J. Albert	Funkhouser	Father's Birthplace	Md
Mother's Maiden Name	Sarah C	Williams	Mother's Birthplace	Md
Name of person giving information	J. A. Funkhouser	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Regeneration of Placenta

Immediate Inanition

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

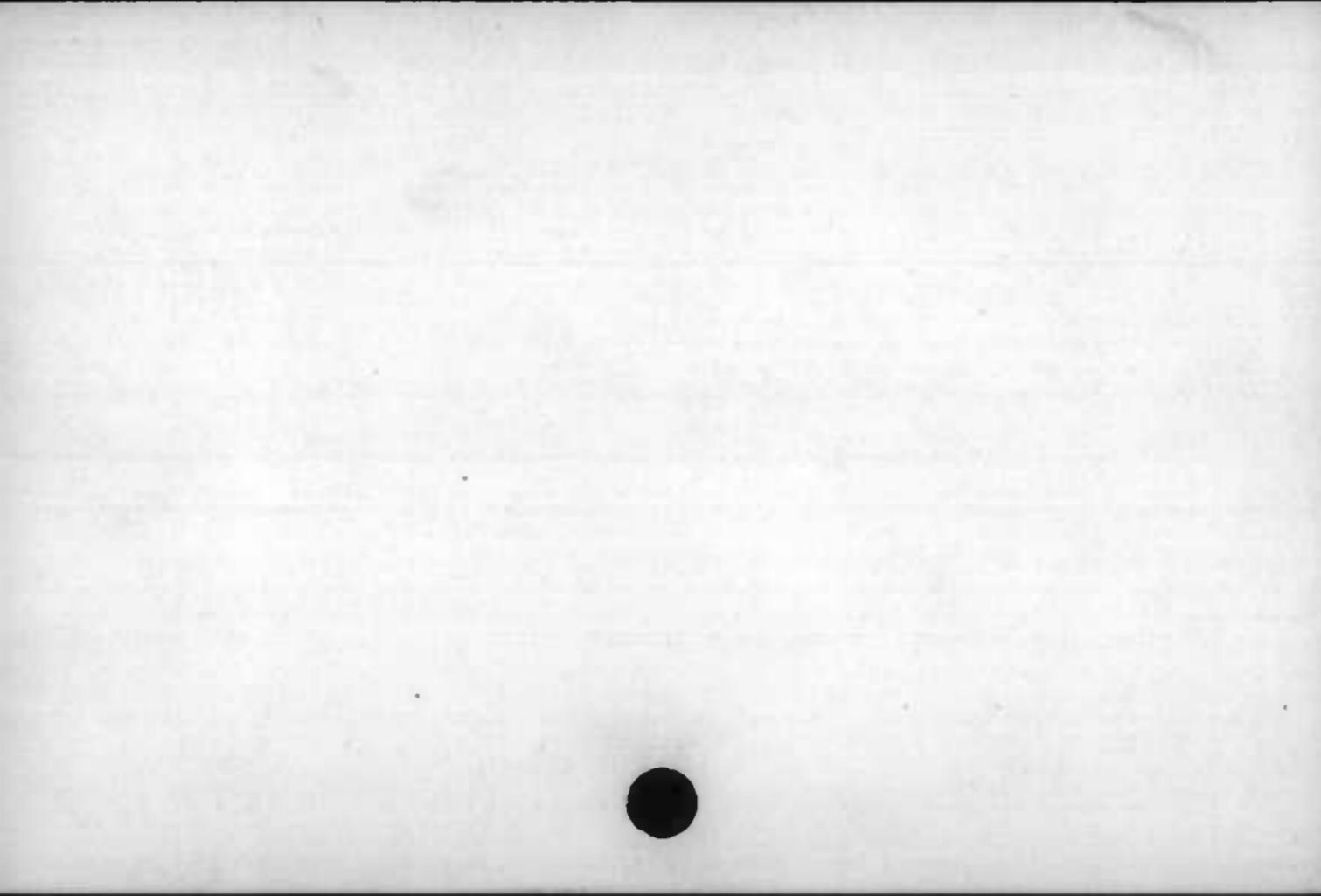
151

How long

9 hours,

C. J. Mason  
Clearspring  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

PHYSICIAN  
OR CORONER

William J Gilbert		+			
Town	Leitersburg		County	Washington	
Died at	Month	Day	Years	Months	Days
Date of death 190	9 May	29	Age 57	11	29
Sex Male	Color or Race	White			
Occupation Shoemaker	Where Residing if not at place of death Leitersburg				
Married, Single or Widowed Married	Name of Wife or Husband Susan A Gilbert				
Father's Name Gen. Gilbert	Father's Birthplace Maryland				
Mother's Maiden Name Catherine Kissinger	Mother's Birthplace Maryland				
Name of person giving information Mrs H. T. Routtow	How related to deceased Daughter				

## CAUSES OF DEATH

79

How long

How long

one year

Primary

Heart Disease

Immediate

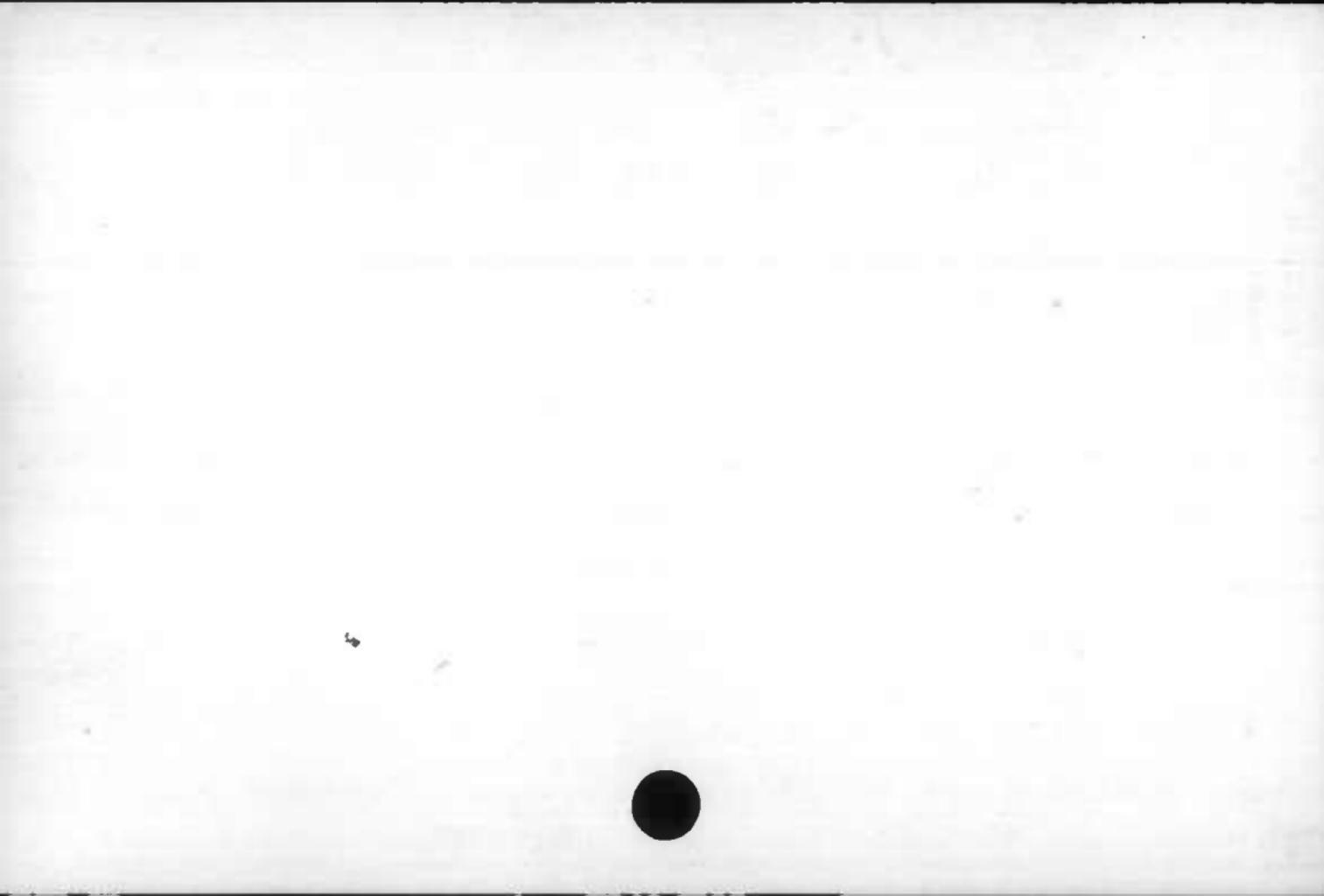
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

J. H. Wishard  
Leitersburg  
Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Grace Elizabeth Hall Hammond

CERTIFICATE OF DEATH

Died at Security

County

MARYLAND

Date of death 1909

Month

Day

Years

Months

Days

Age

1

27

Sex

Female

Color or  
Race

white

Birth-  
place

Md.

Occupation

Child

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Eugene B. Hammond

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Annie E. Fitzgerald

Mother's  
Birthplace

Va

Name of person giving  
Information

E. B. Hammond

How related  
deceased

Father

CAUSES OF DEATH

Primary

Scald entire Body

167

How long

Two hours

Immediate

Shock -

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

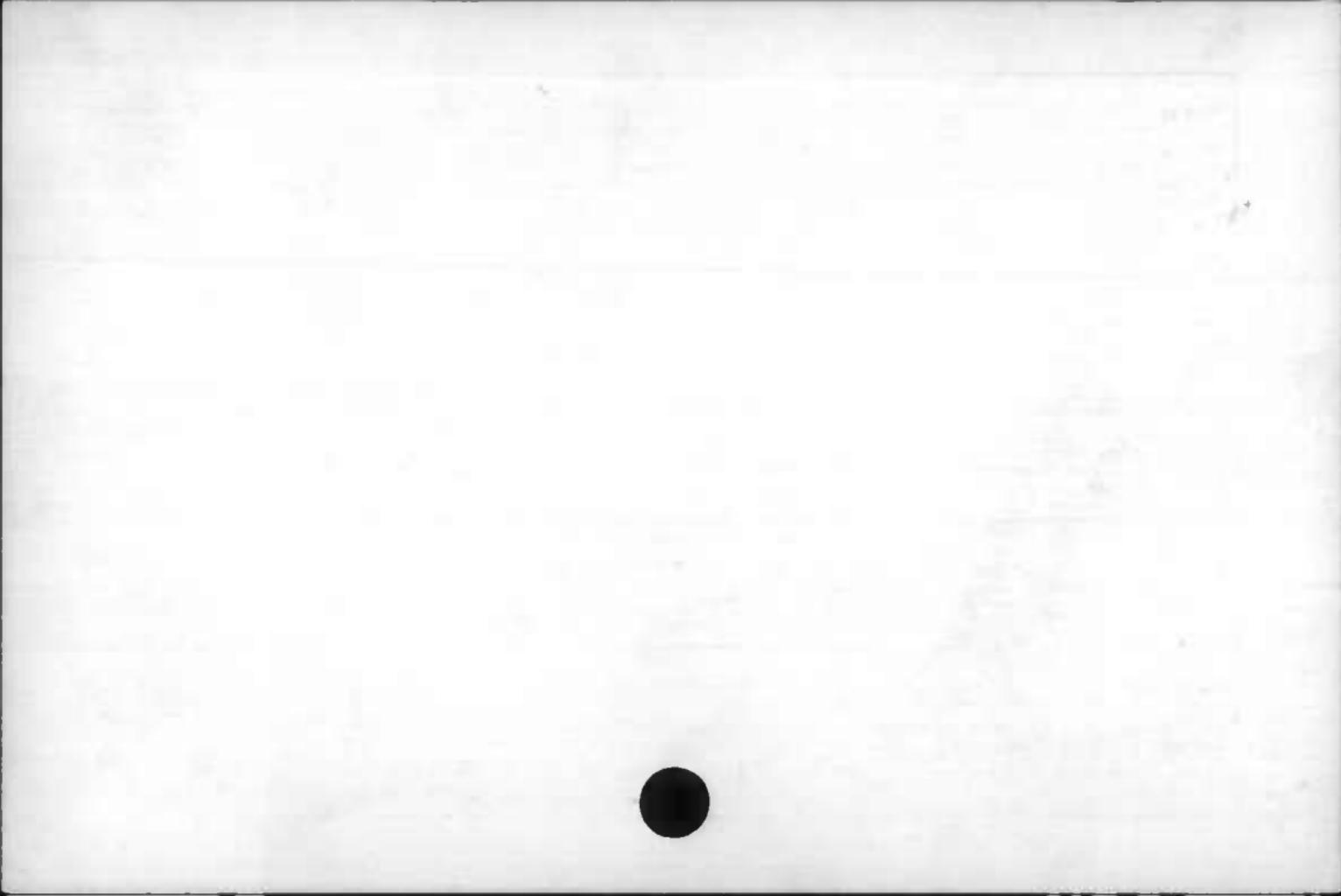
Address

R. D. Miller, Jr.

3 August 1909

Accident or Suicide

no



Name  
in  
Full

Rachel Haupt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of daath 1909	Month May	Day 31	Age 75	Montha 3	Daya 12
Sax Female	Color or Race White	Birth-place New Jersey			
Occupation Housewife	Where Resding if not at place of death Boarsboro, Md.				
Marriad, Single or Widowad Married	Name of Wifa or Husband John P. Haupt	Father's Birthplace New Jersey			
Father'a Name Nathan Buck	Mother'a Birthplace New Jersey				
Mothar'a Malden Name Rachel Smith	Name of parson giving Information Elizabeth Miller	How related to deceased Sister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Debility

Immediate

Pneumonia

Are the name, aga, sex, color, date and piaca correctly givan above?

Jas

Signature of  
Physician

Address

W. L. Wheeler M.D.

Boarsboro  
Washington Co.

Accident or Suicide

Brinig & Bast  
Hudelaken

Name  
in  
Full

William A. Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Hagerstown Wash.

Town County Month Day Year Month Days

Date of death 1909 5 21 Age about 46

Sex male Color or Race white

Birth-place Va

Occupation

Where Residing if not  
at place of death

Retired Civil Engineer

Married, Single or Widowed single Name of Wife or Husband

Father's Name Joseph Hawkins

Father's Birthplace Va.

Mother's Maiden Name Sarah Allen

Mother's Birthplace " "

Name of person giving Information Robert C Ruby

How related to deceased

sister

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

Immediate

Exhaustion

3 years  
+ month

Are the name, age, sex, color, date and place correctly given above?

✓

Signature of Physician

W. Preston Miller  
Registration. Ad.

PHYSICIAN  
OR CORONER

Accident or Suicide

✓

Address

mt. Jackson, Va.

15

Name  
in  
Full

Horace Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Washington		County	Maryland	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Virginia	
Occupation	Labourer		Where Residing if not at place of death	White Post, Va.		
Married, Single or Widowed	Married	Name of Wife or Husband	Ella Holmes	Father's Birthplace	Unknown	
Father's Name	Holmes		unknown	Mother's Birthplace	Unknown	
Mother's Maiden Name	unknown		Charles Bell	How related to deceased	None.	
Name of person giving information						

CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary

Stab Wound. (Heart)

How long

5 Minutes

Immediate

Hemorrhage

How long

5 Minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. R. Laughlin  
Hagerstown  
Md.

Homicidal

Accident or Suicide?

Oppenau  
black forest

Name  
in  
Full

Alice Sella Hunsberger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at	Hagerstown	Washington			
Date of death	Month	Day	Years	Months	Days
1909	5	2	15	6	5
Sex	Color or Race	Birth-place			
Female	white	Md.			
Occupation	Where Residing if not at place of death				
School-girl					
Married, Single or Widowed	Name of Wife or Husband				
single					
Father's Name	David F. Hunsberger	Penns.			
Mother's Maiden Name	Sarah J. Rieger	Md.			
Name of person giving Information	J. F. Hunsberger	Father.			

CAUSES OF DEATH

79

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Heart Disease

Yes

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Couple years  
All P. S. Co.,  
Hagerstown.

Saturday

Name  
in  
Full

William Gates Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Towson Town Washington County MARYLAND  
Date of death 1909 Month 5 Day 24 Year 55 Months 7 Days 15  
Sex Male Color or Race White Birthplace Towson  
Occupation Child Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

James Hunter

Father's Birthplace

Scotland

Mother's Maiden Name

Sallie Gates.

Mother's Birthplace

MD.

Name of person giving information

James Hunter

How related to deceased

Father

166

How long

immediat.

How long

Primary

Injuries - wheels of freight car -

PHYSICIAN  
OR CORONER

Immediata

Are the name, age, sex, color, date and place correctly given above?

CAUSES OF DEATH

Signature of Physician

W. Preston Miller  
Towson MD

Address

Accident or Suicide

720

Coffman  
Rose Hill.

Name  
in  
Full

Emma C Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth-place		
Occupation	Child	Whara Rasiding if not at place of daath			Williamsport	
Married, Single or Widowed	Child.	Name of Wifa or Husband	Child.	Father's Birthplace	Baltimore	
Father's Name	Charles Johnson	Mother's Maiden Name	Lela Barnett	Mother's Birthplace	Williamsport	
Name of person giving Information	Lela Barnett			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

stillborn

How long

Immediate

—

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. Richardson  
Williamsport

Accident or Suicide

No

J. F. Herbig  
Undertaker  
Interment in Riverview  
Cemetery

Williamsport  
Maryland

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph E. Tressley -

Town

County

Died at

Baltimore

Washington

MARYLAND

Month

Day

Years

Months

Days

Date  
of death

1909 May 1

Age

76

10

7

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Retired Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Sophilia Tressley

Father's  
Birthplace

Ind -

Father's  
Name

Sam'l Tressley

Mother's  
Birthplace

Ind -

Mother's  
Maiden Name

Sophilia Miller

How related  
to deceased

Daughter

Name of person giving  
Information

Miss J. C. Adams

CAUSES OF DEATH

123

How long

1 yr -

How long

6 mos -

Primary

General Debility

Immediate

Chronic Cystitis

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. C. Wheeler M.D.

Baltimore  
Washington Co -

Accident or Suicide

Bremig & Bost  
Hedutotter

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		MARYLAND		
Died at	Clear Spring		Mash			Months	Days	
Date of death	1909	Month	May	Day	3-	Age	Years 84	
Sex	Female	Color or Race	White	Birth- place	Finkstown Md			
Occupation	Houswife	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband	Lewis A. Rhode					
Father's Name	Ziegler		Father's Birthplace France					
Mother's Maiden Name	Unknown		Mother's Birthplace Germany					
Name of person giving Information	Oliver Rhode		How related to deceased Son					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Broncho-Pneumonia

Immediate

Cardiac Failure

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

O. J. Mason  
Clearspring, Md

Accident or Suicide

92

How long

Twelve

How long

24 hours.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Anna J Kuhn

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	4	2
Occupation	Where Residing if not at place of death				
Married, Single	Name of Wife or Husband	Smoketown			
Father's Name	William Kuhn				
Mother's Maiden Name	Lydia				
Name of person giving information	William Kuhn				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Decay

How long

Two weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

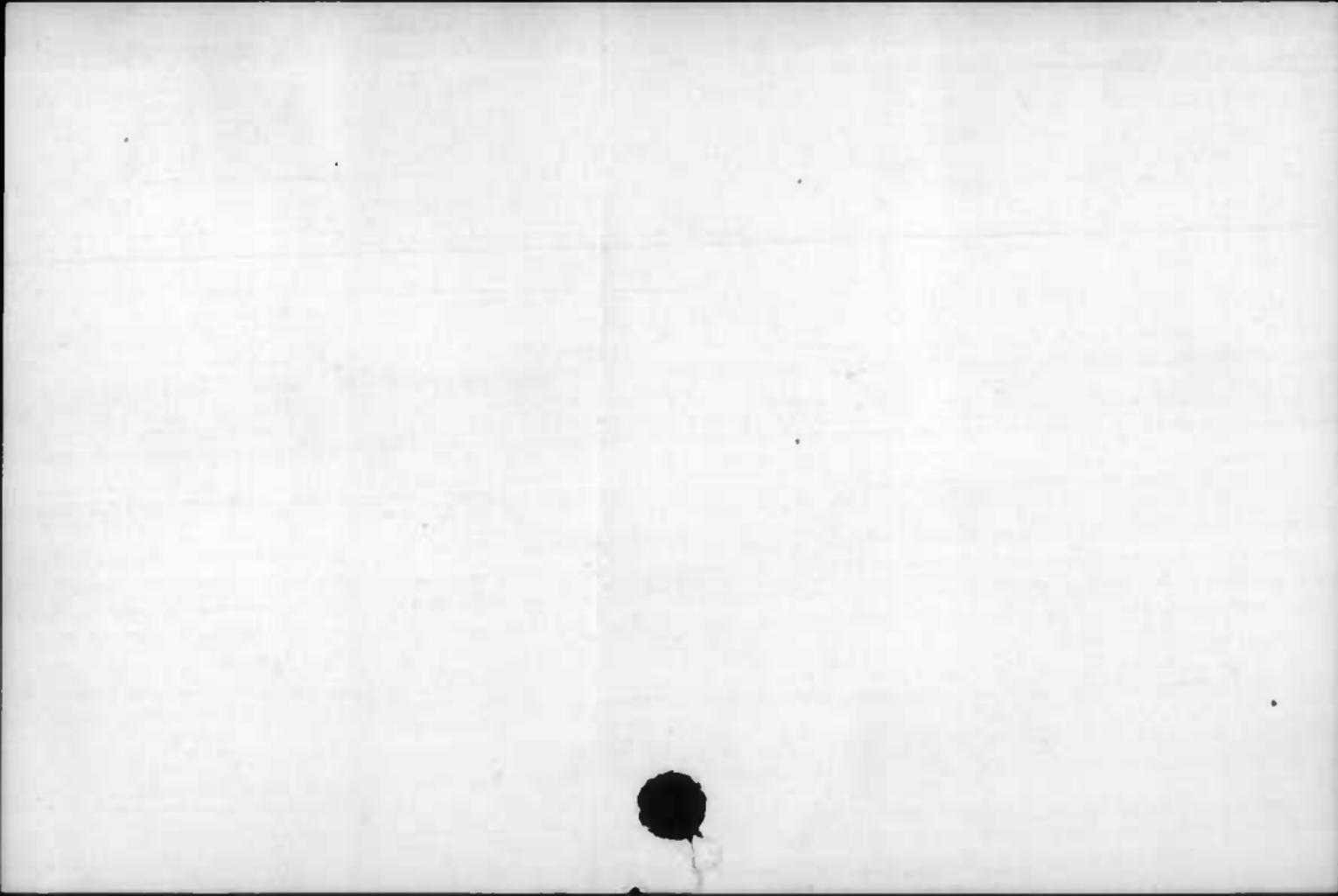
yes

Signature of Physician

Address

Irene Wolfe  
Sub Registrar

Accident or Suicide?



Name  
in  
Full

David E. Leopold.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month May	Day 14	Year 48	Month 6	Days 34
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Bird-layer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Laura Leopold				
Father's Name William Leopold	Father's Birthplace Maryland				
Mother's Maiden Name Mary Ann Purdy	Mother's Birthplace Maryland				
Name of person giving Information Laura Leopold	How related to deceased Wife				

CAUSES OF DEATH

20

Primary

Blood Poisoning

How long

14 weeks.

Immediate Paralysis

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Dubois, M.D.  
Boonsboro.

PHYSICIAN  
OR CORONER

Accident or Suicide

No

Maryland

Brunig & Baer  
Kedunk Lake

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sus Elizabeth Leedy

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Year

Months

Days

1909

5

8

69

-

-

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Occupation

House work

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

George W Rhodes

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Catharine Buchanan

Mother's  
Birthplace

Pa

Name of person giving  
Information

Albert Leedy

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia.

93

How long

Immediate

Suffocation.

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. Miller -

Mason - Dixon Pa.

Accident or Suicide

~~Coffman~~  
Broadfordings

Name  
in  
Full

Unnamed Child of Geo. J. Lynch.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown		Town	County Washington		MARYLAND	
Date of death 1909	Month 5	Day 28	Years	Months	Days	11
Sex Female	Color or Race	White	Age			
Occupation Infant	Where Residing if not at place of death					
Married, Single or Widowed Infant	Names of Wife or Husband		Infant			
Father's Name Geo. J. Lynch.						Father's Birthplace Md.
Mother's Maiden Name Vernia Green						Mother's Birthplace Md.
Name of person giving Information Geo. J. Lynch.						How related to deceased Father

CAUSES OF DEATH

151

How long

How long

PHYSICIAN  
OR CORONER

Primary

Premature birth -

Immediate

General Insufficiency - Development

Are the name, age, sex, color, date and place correctly given above?

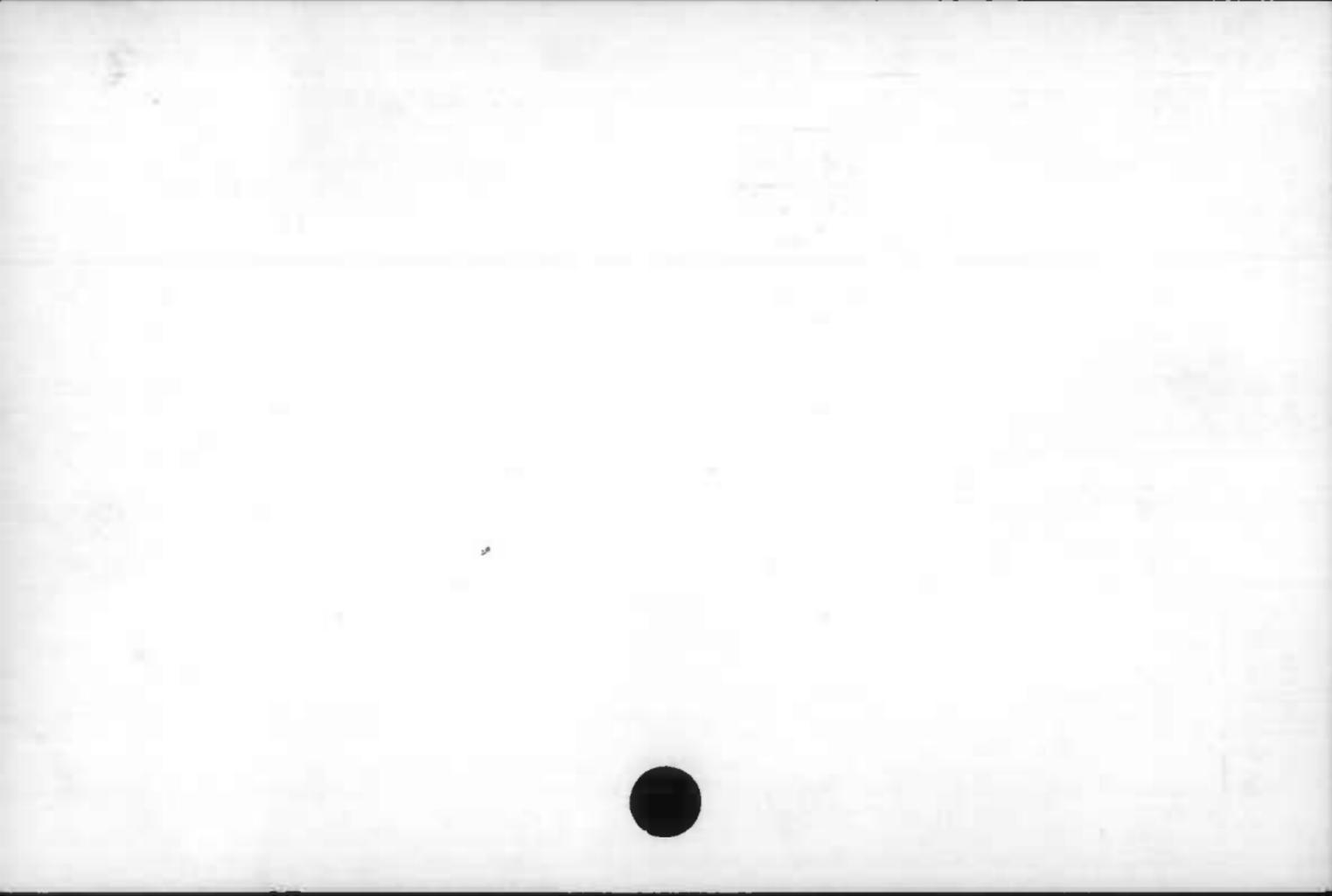
Signature of Physician

H. G. Green M.D.

Address

Hagerstown, Md.

Accident or Suicide



Name  
in  
Full

Andrew Jackson McAllister

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Indiana Spring Wash County MARYLAND

Date of death 1909	Month May	Day 21	Age 77	Years	Months 3	Deys 13
Sex Male	Color or Race White	Birth-place Md				
Occupation Hotel keeper, retired	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband Susan Trumpler					
Father's Name Archibald McAllister	Father's Birthplace unknown					
Mother's Maiden Name Martha Magaman	Mother's Birthplace "					
Name of person giving Information John McAllister	How related to deceased Son					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Prostatic enlargement

125

How long

Immediate Exhaustion.

How long

Indefinite

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Theo. Boose  
Clear Spring, Md.

Accident or Suicide

Mar 10 1894

Mary P. Pickles  
Mary P. Hastings

9 and  
some

Name  
in  
Full

Harry C McCall child

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at Hagerstown	Washington				
Date of death 1909	Month 5	Day 13	Year —	Months —	Days 2 hours
Sex Female	Color or Race White	Birth-place Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Harry C McCall	Father's Birthplace Md				
Mother's Maiden Name Mary L Barber	Mothar'a Birthplace Md				
Name of person giving Information Harry C McCall	How related to deceased Father				

CAUSES OF DEATH

Primary

Premature birth

151

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes  
no

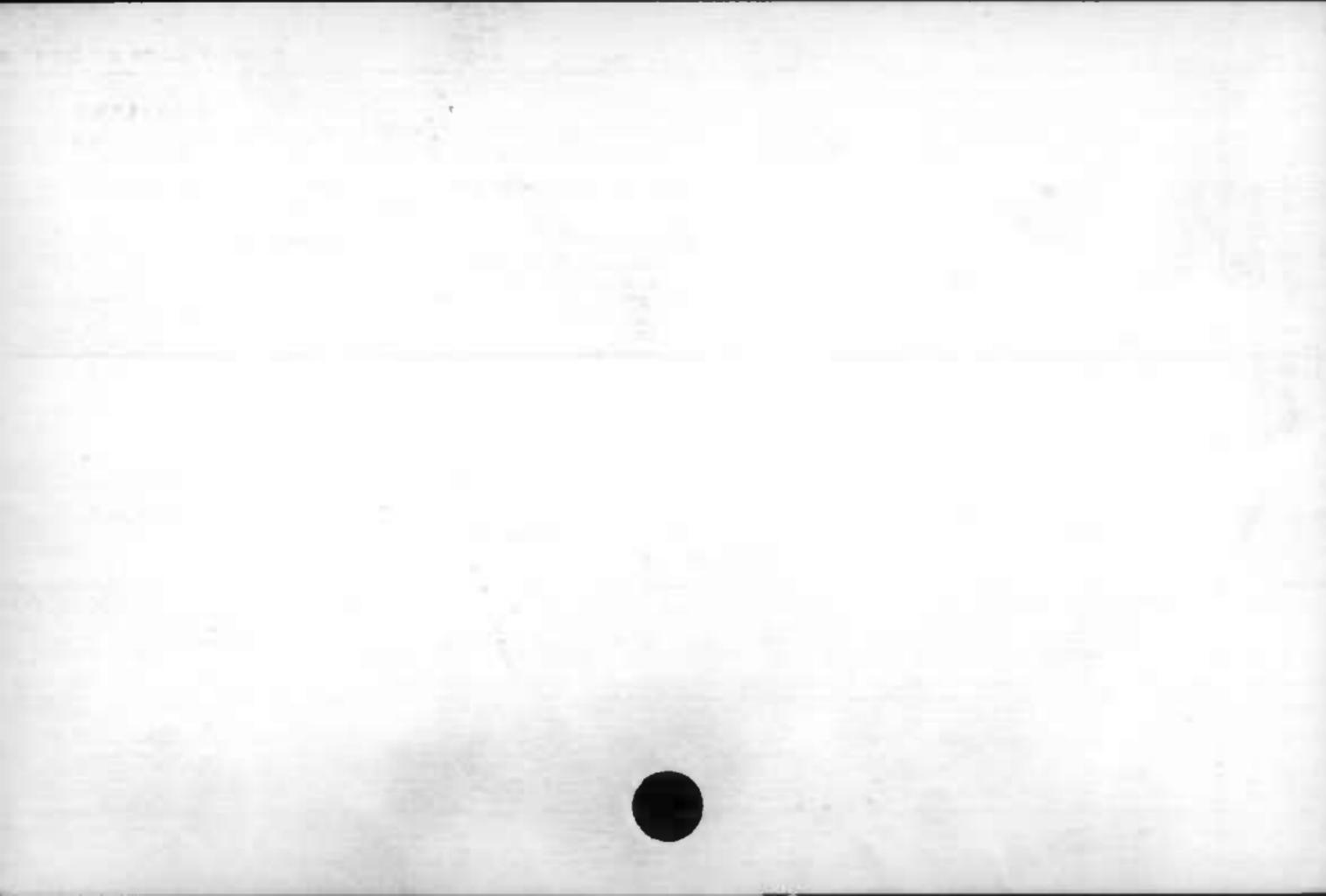
Signature of Physician

Address

McMinnison  
Hagerstown Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Edward James McClain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Hagerstown County Washington MARYLAND  
Month Month Day Year Month Days  
Date of death 1909 5 17 — 9 —  
Age —  
Sex Male Color or Race White Birth-place Md  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name John A. McClain Father's Birthplace Md  
Mother's Maiden Name Blanch S. Groom Mother's Birthplace Md  
Name of person giving Information John A. McClain How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera dysenterica  
Immediate Exhaustion

How long 48 hrs  
How long sudden

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

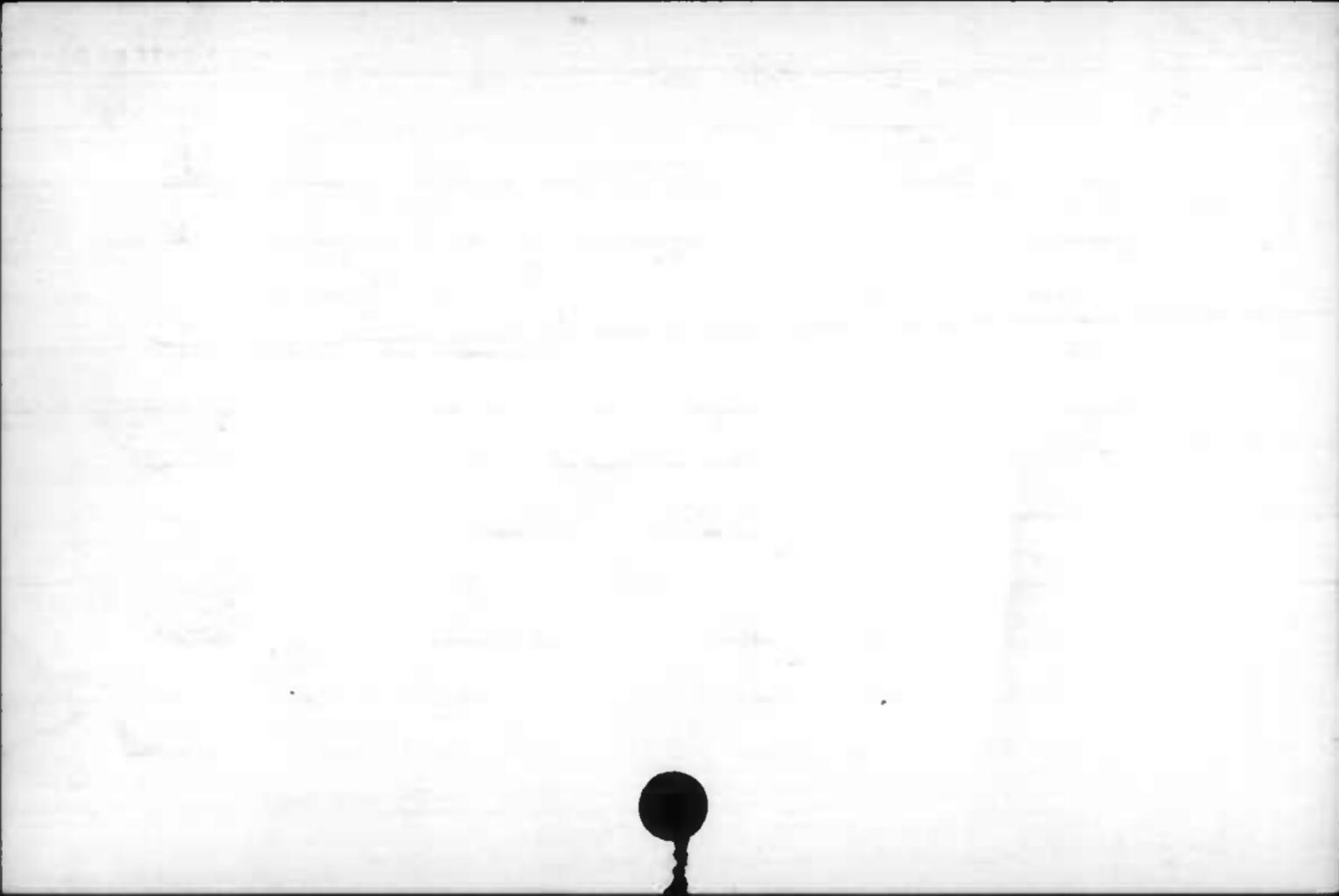
yes

Signature of Physician

Address

J. E. Pittsburgh  
Hagerstown  
Md

Accident or Suicide



Name  
in  
Full

George Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Sunny Side	County	Washington	MARYLAND
Date of death	Month	Day th	Year	26	Months
Sex	Male	Color or Race	Col	Birth-place	Wilson dist
Occupation	Where Residing if not at place of death				Sunny Side
Married, Single or Widowed	Single	Name of Wife or Husband	None		
Father's Name	Calvin Moore				Father's Birthplace
Mother's Maiden Name	Martha Johnson				Mother's Birthplace
Name of person giving Information	Dora Turner				How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER



Primary

Tuberculosis

27

How long

one year

Immediate

Weakness

How long

short while

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
John L. Brianian Sub Regis

Address

Williamsport  
Maryland

Accident or Suicide?

Tuberculosis  
weakness

Address of undertaker  
J. W. Miller  
williamsport  
Maryland

Name  
in  
Full

David F. Newcomer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age about		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	John C. Newcomer			
Mother's Maiden Name	Petitia J. Hawthorne			
Name of person giving information	John Newcomer			

Father's Birthplace

Md.

Mother's Birthplace

Md.

How related to deceased

brother.

CAUSES OF DEATH

104

How long

2 days

How long

Primary

Acute Indigestion

Immediate

Exhaustion & Inability

Are the name, age, sex, color, date and piece correctly given above?

Signature of Physician

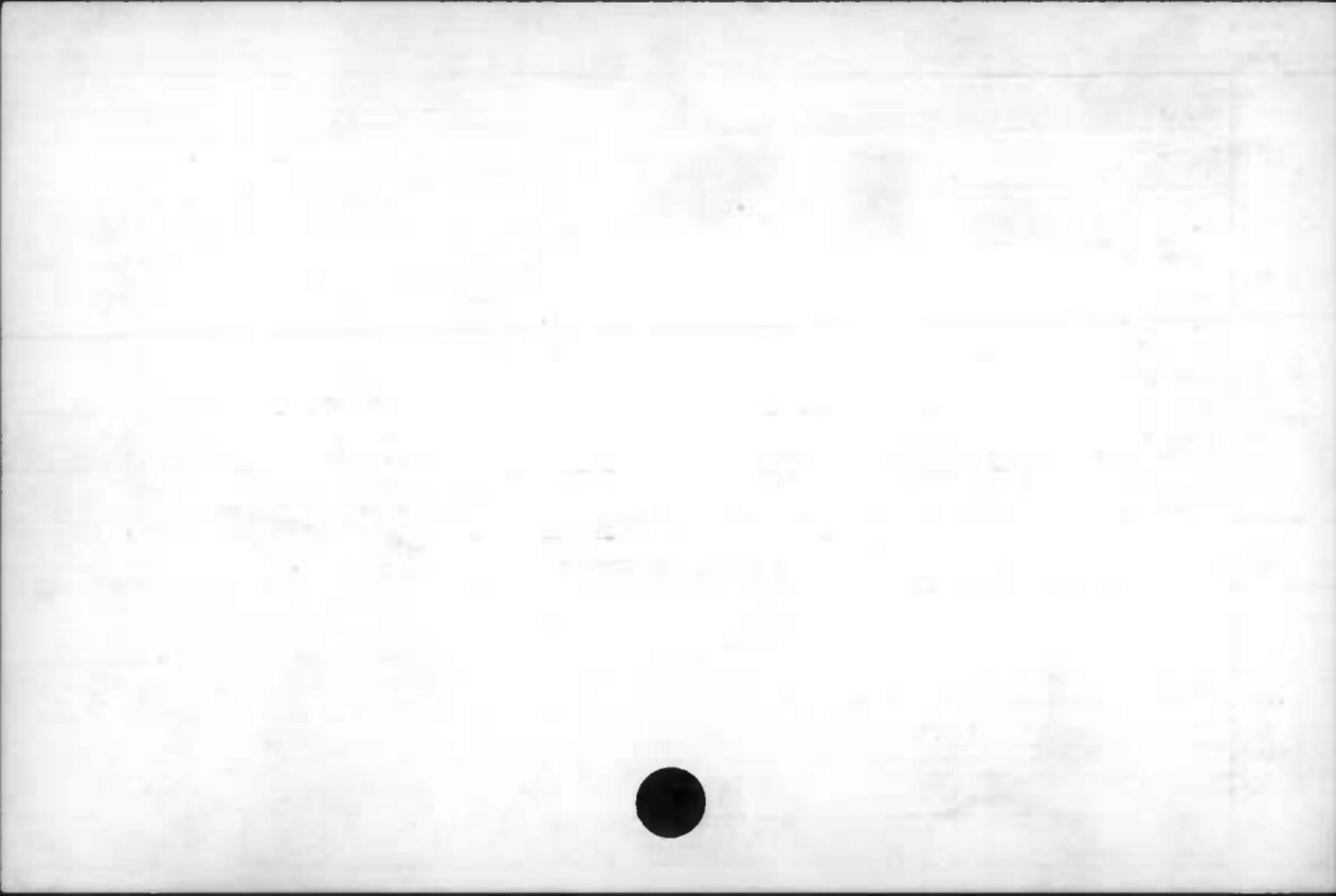
Address

E G Warkam

Baggsisiona  
Md

PHYSICIAN  
OR CORONER

Accident - Disease



Name  
in  
Full

Mrs Mary Jane Nigh +  
near Hagerstown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died	Town	County	MARYLAND
Date of death	Month	Year	Days
1909	5	7	16
Sex	Color or Race	Age	Months
female	white	67	5
Occupation	Where Residing if not at place of death	Birth- place	Days
Housewife	my Penna.	Penna.	
Married, Single or Widowed	Name of <del>Widow</del> Husband	David F. Nigh.	
Father's Name	Philip Beaver	Father's Birthplace	Penna.
Mother's Maiden Name	Barbara Ann Sotterly	Mother's Birthplace	Penna.
Name of person giving Information	D. F. Nigh	How related to deceased	Husband.

CAUSES OF DEATH

Primary Chronic nephritis Endocarditis.

120

How long

13 mo B.I

Immediate Broncho Pneumonia -

10 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

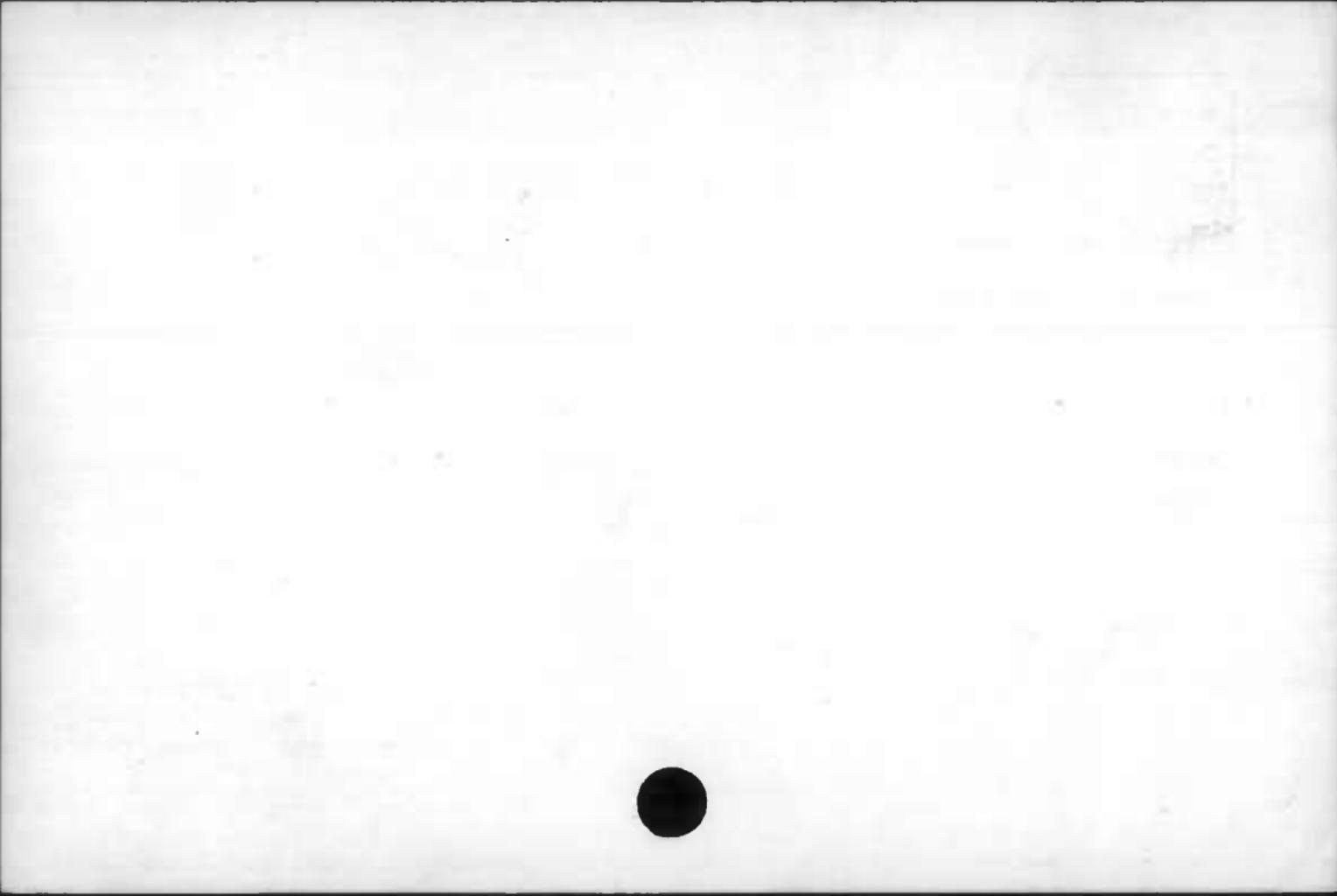
J. Preston Nielsen

Hagerstown Md

PHYSICIAN  
OR CORONER

Accident or Suicide

70



Name  
in  
Full

Emma N. Oliver

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Dear Hancock 16		Town Washington		County Washington		MARYLAND	
Date of death 1909	Month May	Day 16	Age 60	Years 7	Months 7	Days 0	
Sex Female	Color or Race White			Birth- place Washington			
Occupation None			Where Residing if not at place of death Died at Home				
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name Deuton Oliver			Father's Birthplace Hancock Md				
Mother's Maiden Name Rebecca Mann			Mother's Birthplace Washington				
Name of person giving Information J. Neal Oliver			How related to deceased Brother				

Dr. Stigges

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Influenza

29

How long

Immediate

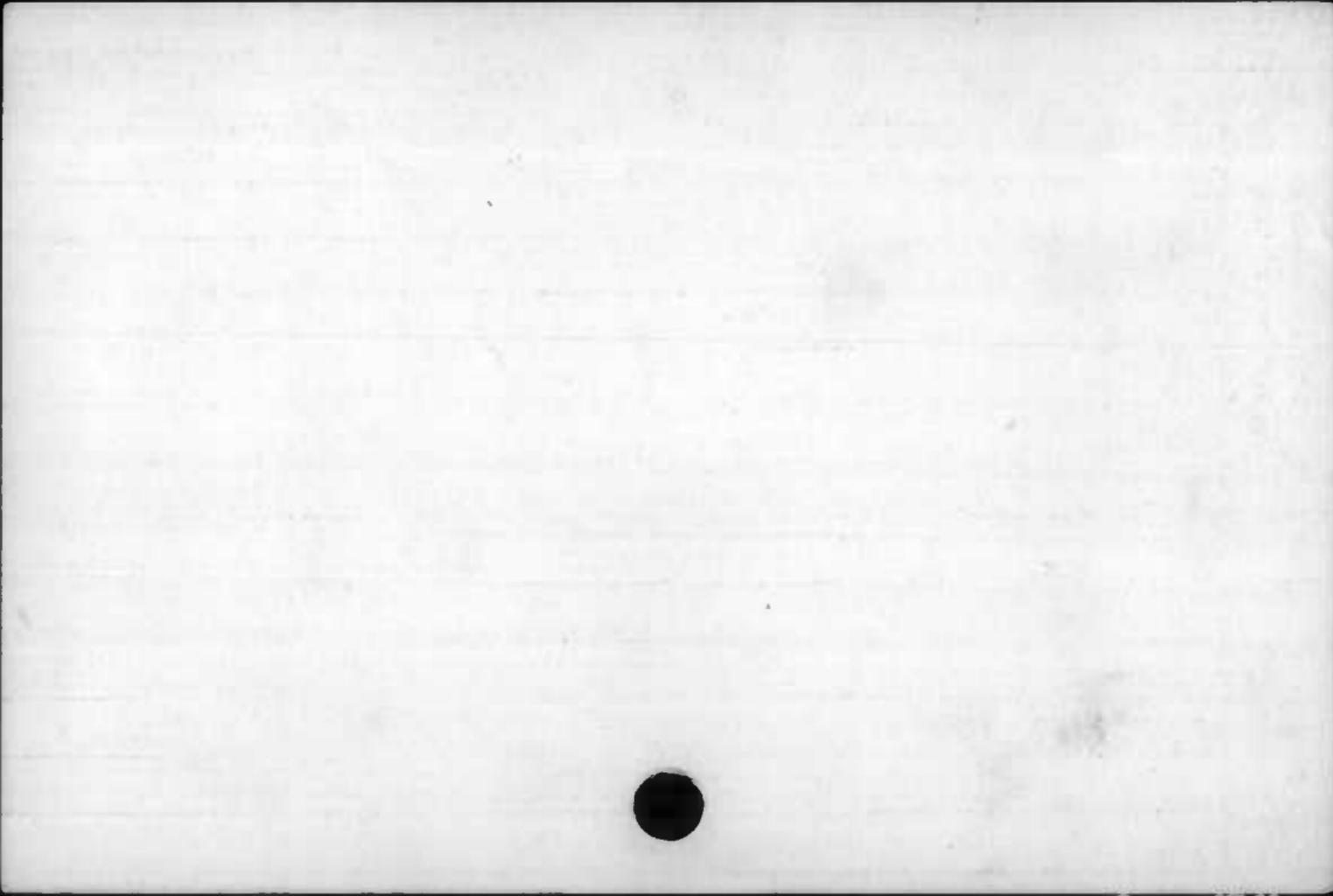
Are the name, age, sex, color, date  
and place correctly given above?

Signature  
Physician

Address

J. Edward Stigges

Accident or Suicide?



Name  
in  
Full

George A. Petre, Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at Middleburg County Washington MARYLAND  
Date of death 1909 Month 5 Day 14 Years 76 Months - Days -  
Sex Male Color or Race White Birth-place md.  
Occupation Retired Farmer Where Residing if not at place of death  
Married, Single or Widowed Widower Name of Wife or Husband Mamie Flook  
Father's Name George Petre Father's Birthplace md.  
Mother's Maiden Name Mary Welby Mother's Birthplace ..  
Name of person giving Information John A. Petre How related to deceased Son

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Septicemia & Endocarditis

120

How long

2 years  
1/4th

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

W. Preston Miller  
Hagerstown Md

California  
Long Whelton

Name  
in  
Full

Joseph Reuner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad et

Town

Kagessbown

County

Wash

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909

5

19

Age

76

9

-

Sex

male

Color or  
Race

white

Birth-  
place

Md.

Occupation

Sexton

Where Residing if not  
at place of death

Married, Single  
or Widowed

widower

Name of Wife  
Husband

Rebecca Reuner

Father's  
Birthplace

Germany.

Name

Francis Reuner

Mother's  
Birthplace

Peru.

Mother's  
Maiden Name

Catherine Stamps

How related  
to deceased

daughter.

Name of person giving  
Information

Sallie White

CAUSES OF DEATH

64

How long

4 hours.

How long

" "

Primary

Cerebral Hemorrhage.

PHYSICIAN  
OR CORONER

Immediate

x

Are the name, age, sex, color, date  
and place correctly given above?

32.

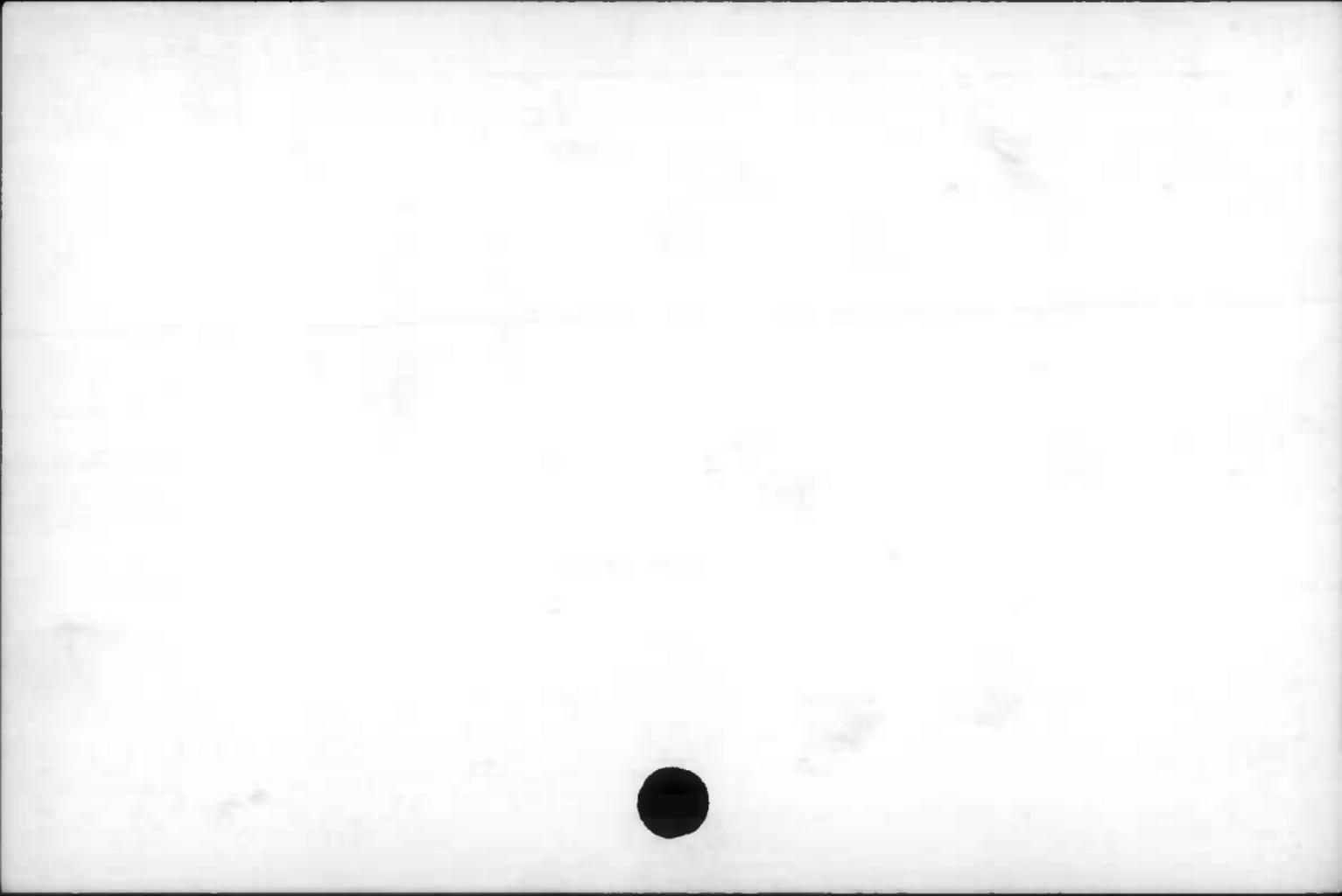
Signature of  
Physician

John Smith,  
Kagessbown,

Accident or Suicide

No

Address



Name  
in  
Full

Miss Elizabeth Ridenour

CERTIFICATE OF DEATH

H

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CDRONER

Died at		Town	County		MARYLAND						
Date of death	1909	Month	5	Day	5	Years	79	Months	7	Dey's	—
Sex	Female	Color or Race	Age		Birth-place			Md.			
Occupation	Housework			Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			Father's Birthplace				
Father's Name	David Ridenour						Md.				
Mother's Maiden Name	Susan Albrack						Mother's Birthplace				
Name of person giving Information	Cornelius Ridenour						Brother.				

CAUSES OF DEATH

Primary

Acute Labor Pneumonia one week

Immediate

Edema of Lung. one day

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

93

How long

How long

Accident or Suicide

No.

Coffman  
Franktown.



Coffman  
Halfway.

Name  
in  
Full

M. Schallmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Town Wash County  
Date of death 1909 Month 5 Day 4 Years About 36 Months  Days   
Sex male Color or Race white Birth-place MARYLAND  
Occupation Watchmaker Where Residing if not at place of death  
Married, Single or Widowed single Name of Wife or Husband \_\_\_\_\_  
Father's Name Samuel Schallmann Father's Birthplace Germany  
Mother's Maiden Name Sarah — not known Mother's Birthplace Germany  
Name of person giving Information S. S. Kahn How related to deceased nephew

CAUSES OF DEATH

159

How long

How long

Primary

Pistol shot through the heart

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

suspect

Chas. D. Doyle

Sister  
Haffring

Name  
in  
Full

Ruth Irene Shank

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Middleburg Town Franklin County Anna  
Date of death 1909 Month 5 Day 20 Years 9 Months 3 Days 20  
Sex Female Color or Race white Birth-place Md.  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed single Name of Wife or Husband \_\_\_\_\_  
Father's Name Harvey Shank Father's Birthplace Md.  
Mother's Maiden Name Emma K. Shubert Mother's Birthplace Md.  
Name of person giving Information Harvey Shank How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Valvular Heart Disease How long 1 yr.  
Immediate dropsy How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

yes

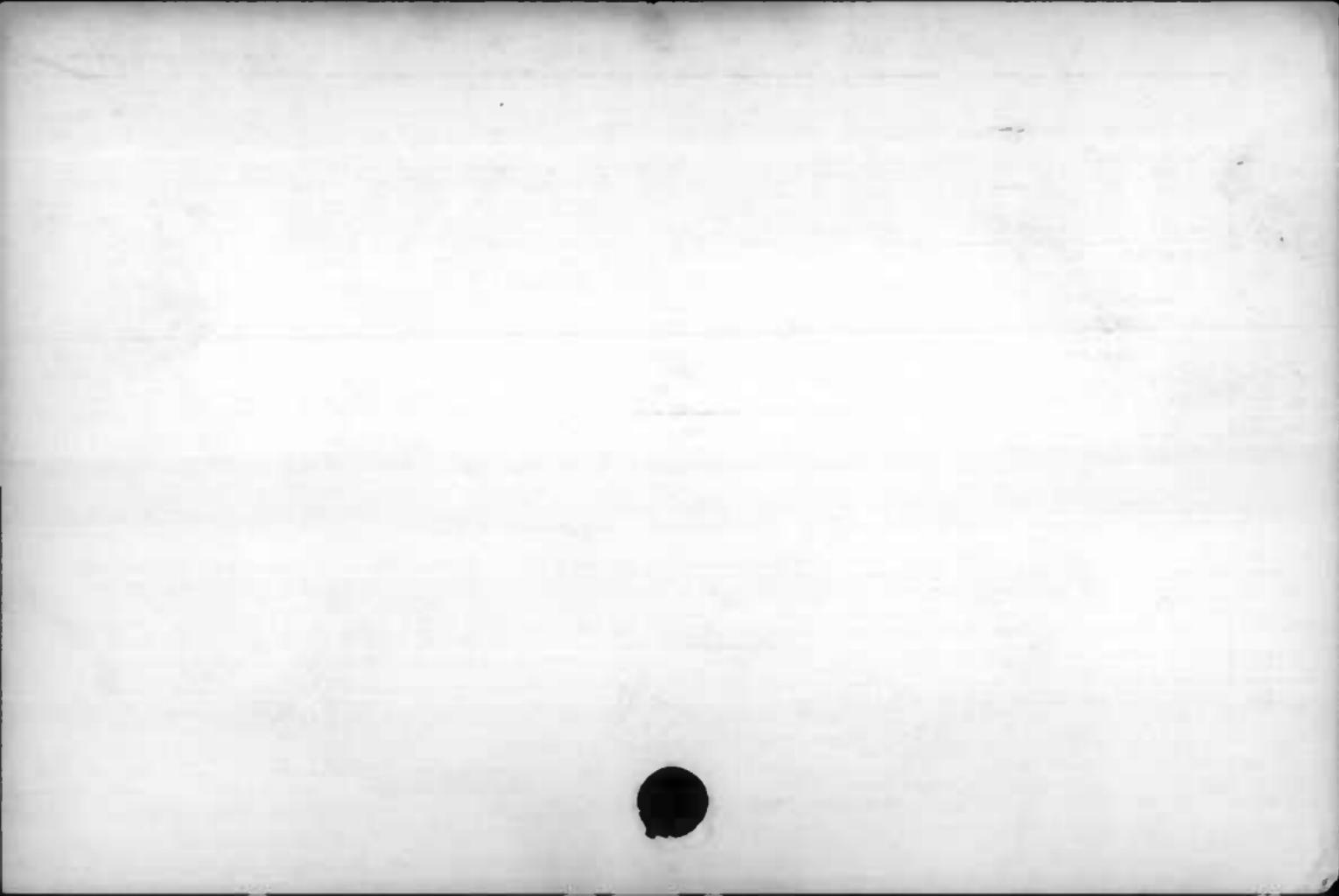
Signature of Physician

Address

D.C.R. Miller

State Line, Pa.

Accident or Suicide No



Name  
in  
Full

Francis L. V. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND
Diad at Hagerstown	Washington	
Date of death 1909 May	Month Day 19th	Years Age 2
Sex Female	Color or Race Colored	Birth-place 430-1 Jonathan St Hagerstown Md
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name Ambro Smith	Father's Birthplace Germantown Pa	
Mother's Maiden Name Martha Reed	Mother's Birthplace Hagerstown Md	
Name of person giving Information	How related to deceased	mother

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

measles

6

How long

6 days

Immediate

Pneumonia & Cardiac failure

How long

24 hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A.B. Wilson

Address

243-11 Jonathan St.  
Hagerstown Md.

Accident or Suicide

no  
no

Copper  
Nelville

Name  
in  
Full

Gerrit H. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	5	15	Age 78
Sax	male	Color or Race	Birth-place
Occupation	Gentleman of leisure white		
Married, Single or Widowed	married	Name of Wife or Husband	Where Residing if not at place of death
Father's Name	Peter S. Smith	Father's Birthplace	N. Y.
Mother's Maiden Name	Ann Proutiss	Mother's Birthplace	" "
Name of person giving Information	Mrs C. H. Smith	How related to deceased	wife.

CAUSES OF DEATH

79

How long

How long

Primary Mental Obscurism + Dopey one year and  
Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above?

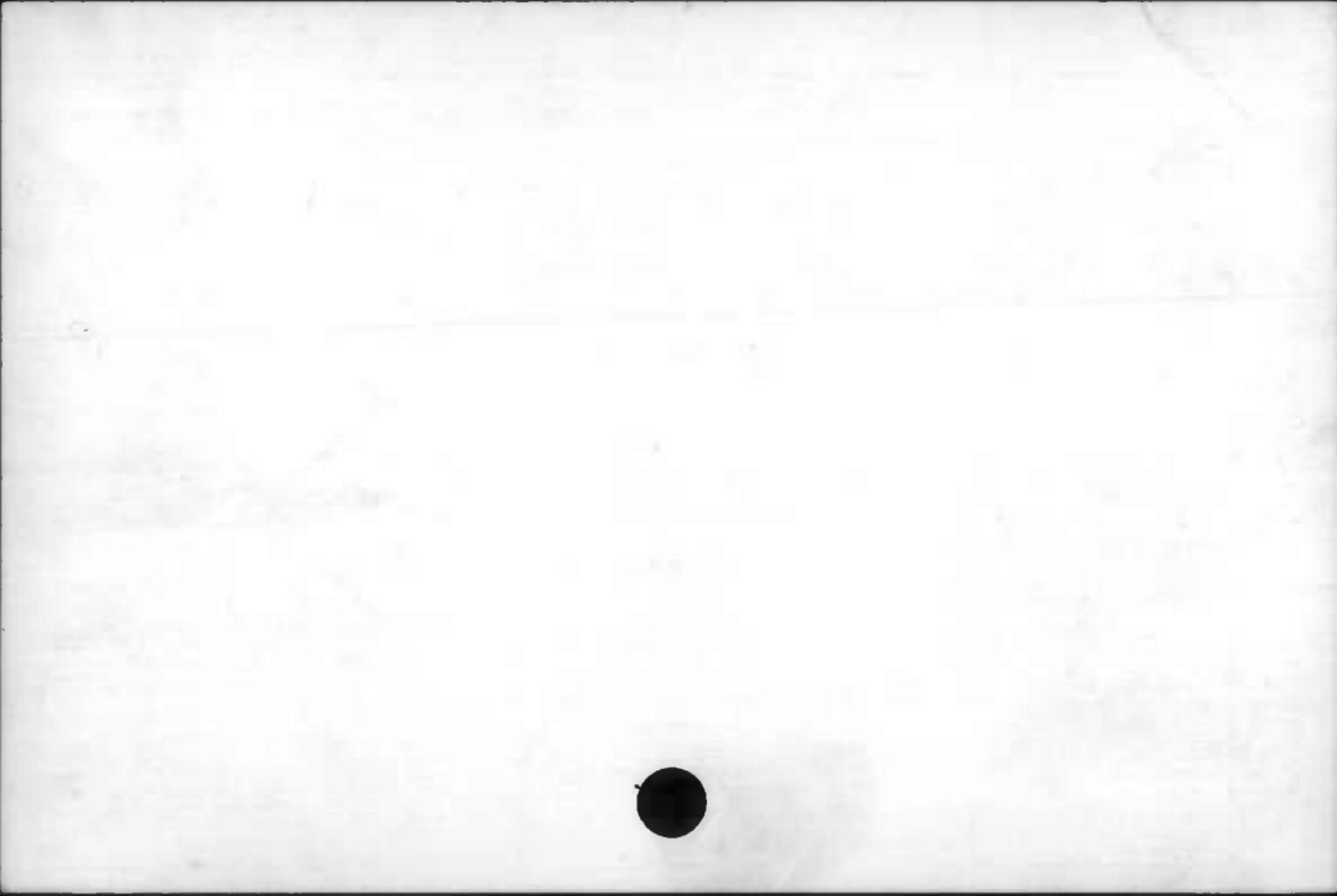
Signature of Physician

Address

Yes

A. J. Musser  
Hagerstown Md

Accident or Suicide



Name  
in  
Full

Mary, E. Sprecher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Williamsport</i>	County <i>Washington</i>	MARYLAND		
Date of death 1909	Month 5	Day 24	Years Age 2	Month 3	Days 21
Sex Female	Color or Race <i>White</i>	Birth- place <i>Williamsport</i>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Martin L. Sprecher</i>	Father's Birthplace <i>Williamsport</i>				
Mother's Maiden Name <i>Margaret S. Flavory</i>	Mother's Birthplace <i>Hagerstown</i>				
Name of person giving information <i>Mrs. L. Sprecher</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enterocolitis

106

Hour long

Immediate

Cerebral Meningitis

two weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. D. G. Lesser

Williamsport Ad.

Accident or Suicide

J W Miller  
Hempstead  
N.Y.

undertaker

Name  
in  
Full

Henry F Strock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at	Sear Smithsburg	Washington			MARYLAND
Date of death	Month	Day	Years	Months	Days
1909	5	10	40	-	-
Sex	Male	Color or Race	White	Birth-place	Mangsville -
Occupation	Farmer				
Married, Single or Widowed	Where Residing If not at place of death				
Married	Sear Smithsburg				
Father's Name	Name of Wife or Husband				
Hibbain Strock	Eliza Henry F. Strock				
Mother's Maiden Name	Father's Birthplace				
Elithia Dillendorf	Mangsville				
Name of person giving Information	Mother's Birthplace				
H. M. Strock	Funkstown				
How related to deceased					
Brother					

CAUSES OF DEATH

157

How long

PHYSICIAN  
OR CORONER

Primary

Delphoduncy

Immediate

Suicide by hanging

Are the name, age, sex, color, date and place correctly given above?

yes

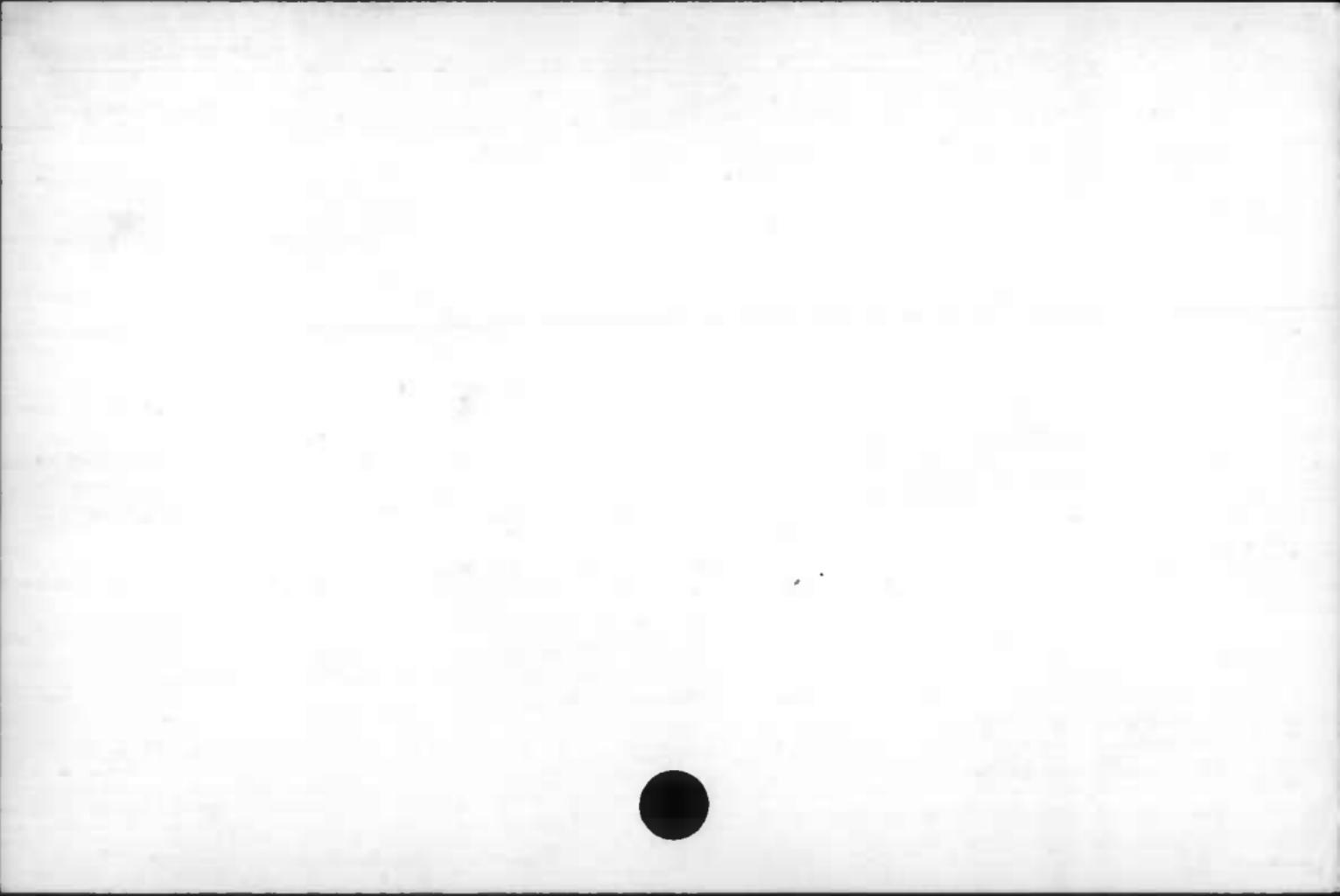
Signature of Physician

Address

Elias A. Hartle  
Billing Crown  
Hagerstown, Md.

Accident or Suicide

Suicide



Name  
in  
Full

Martii Thomas.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Chewville	St. Mary's			
Date of death	Month	Day	Years	Months	Days
1909	5	22	83	—	19
Sex	Male	Color or Race	White	Birth-place	Chewville
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Martii Thomas		
Father's Name	Michael Thomas				
Mother's Maiden Name	Mary Dally				
Name of person giving information	Mollie Extreme				

CAUSES OF DEATH

95

How long

6 weeks

How long

36 hours

PHYSICIAN  
OR CORONER

Primary *Ordinary of Lung*

Immediate *Asthma and Uremia*

Are the name, age, sex, color, date and place correctly given above?

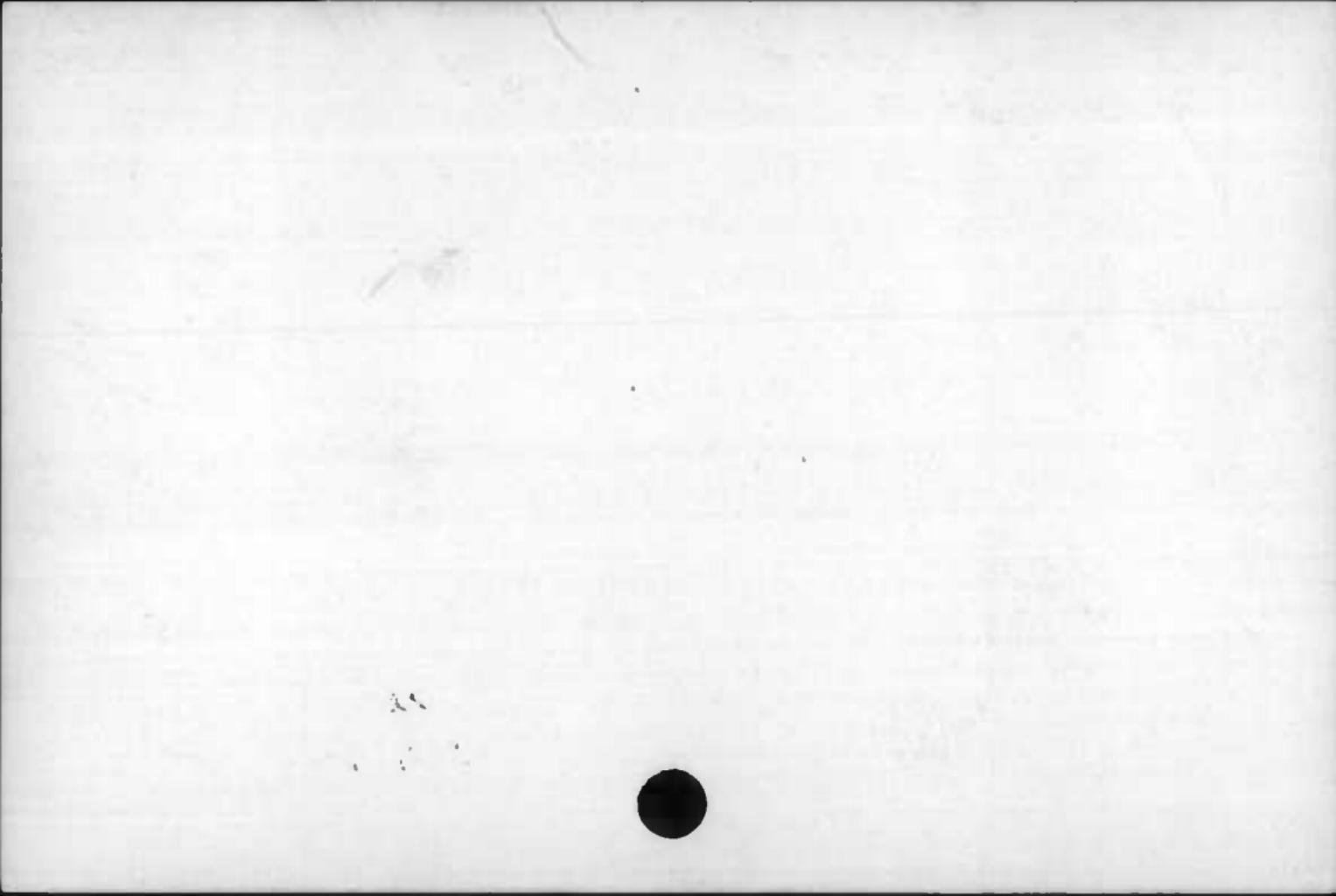
yes

Signature of Physician

Address

J. M. D. Quinn MD.  
Chewville Md.

Accident or Suicide?



Name  
in  
Full

Charles Cecil Thompson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hancock		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	May	17	Age	"	22	
Sex	Male.	Color or Race	White	Birth-place	Hancock Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Did at Home.					
Father's Name	Name of Wife or Husband					
C H Thompson.						
Mother's Maiden Name	Father's Birthplace					
Sadie Miller	Penna.					
Name of person giving information	Mother's Birthplace					
Charles E Miller	Maryland					
How related to deceased						
Uncle.						

PHYSICIAN  
OR CORONER



Primary

Capillary Bronchitis

92

How long

three days

Immediate

" "

"

How long

"

Are the name, age, sex, color, date and place correctly given above?

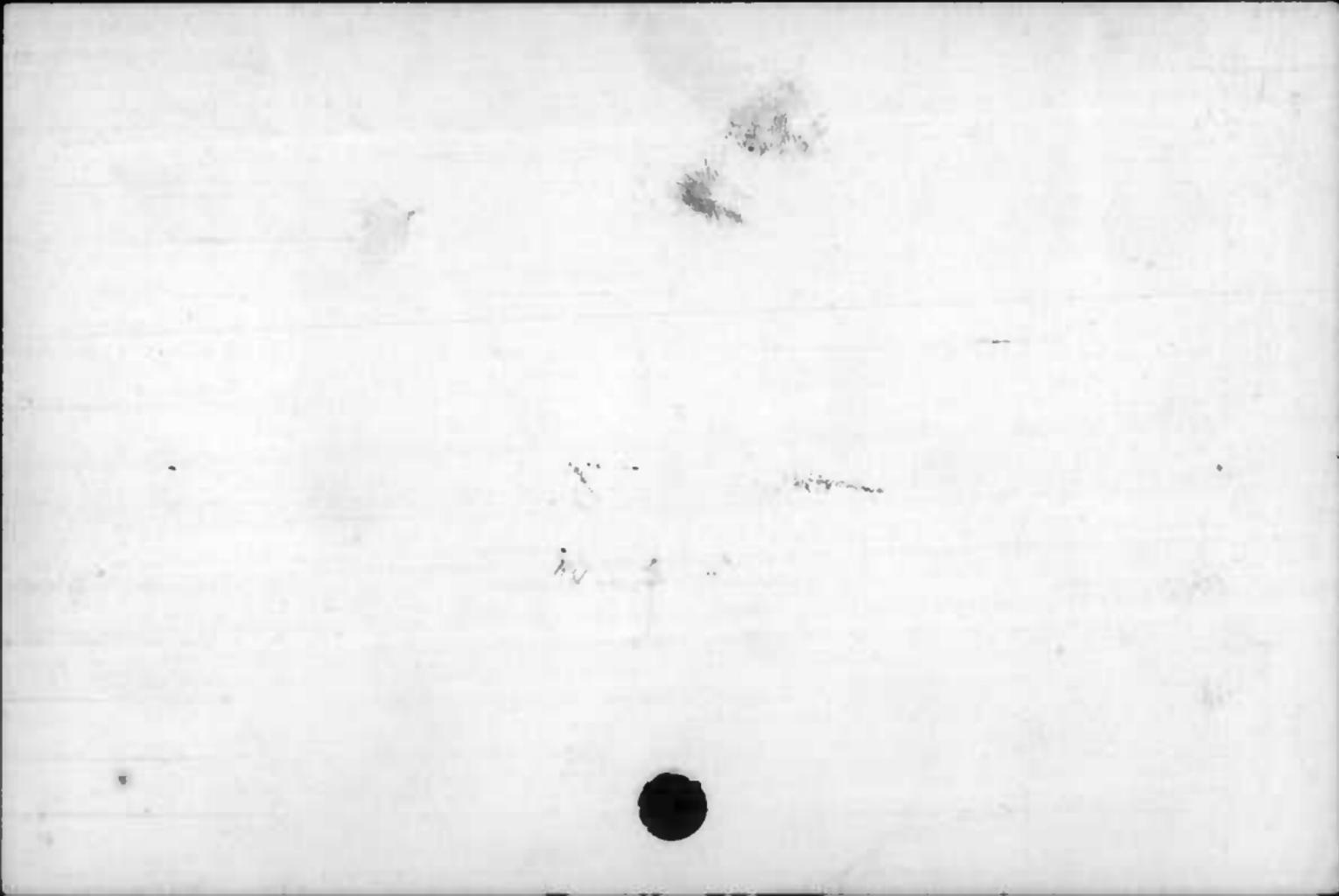
yes

Signature of Physician

Address

H. D. Miller  
Hancock, Md.

Accident or Suicide?



Name  
in  
Full

Elizabeth J. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County	MARYLAND			
Died at	Hagerstown	Hastings			
Date of death	Month	Day	Years	Month	Days
1909	5	12	Age	7	8
Sex	Color or Race	Colored	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	William Thompson	Va.			
Mother's Maiden Name	Eleanor Darby	Mother's Birthplace			
Name of person giving Information	Elenard Thompson	How related to deceased			

CAUSES OF DEATH

71

Primary

Convulsions

How long

12 hrs

Immediate

Cardiac failure

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

Dr. Magarian  
Coffman  
Halfway

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Day

Years

Day

Date  
of death

Month

Age

Months

Day

190

5

65

9

12

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Birthplace

Father's  
Name

Mary A. Shaggs

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

Primary

CAUSES OF DEATH

120

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

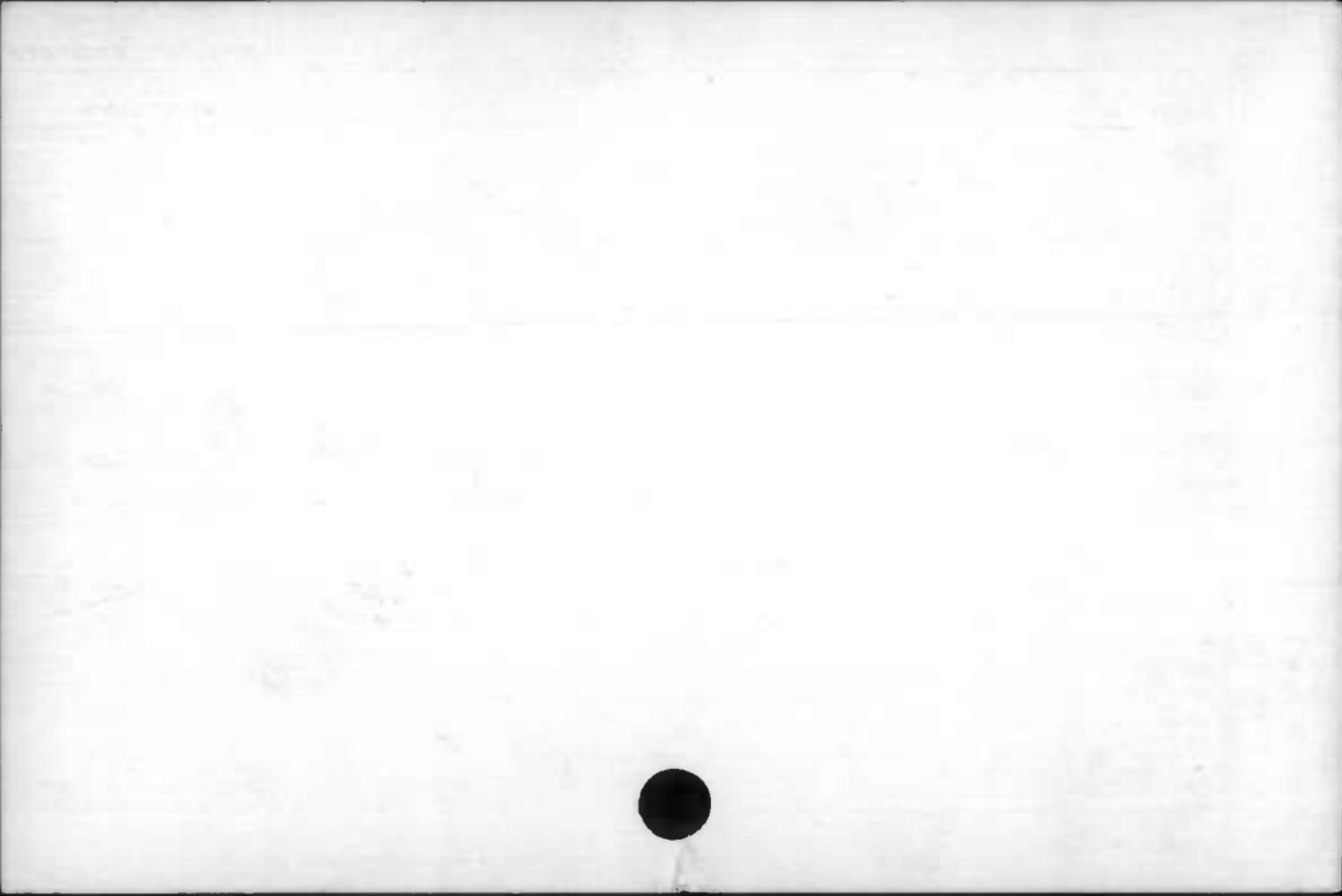
Signature of  
Physician

Address

J. W. Wertz  
Shaggs home

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Shallen M. Whipple

CERTIFICATE OF DEATH

Town		County		MARYLAND		
Died at	Hagerstown	Years	Washington	Month	8	Day
Date of death	1909	Month	5	Age	9	16
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation						Where Residing if not at place of death

Married, Single  
or Widower

Name of Wife or  
Husband

Father's Name

David C. Whipple

Father's Birthplace

Md.

Mother's  
Maiden Name

Maud E. Erepus

Mother's Birthplace

Md.

Name of person giving  
Information

David Whipple

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Abscess of Brain

74

How long

Three Weeks

Immediate

Shock

How long

Four days

Are the name, age, sex, color, date  
and place correctly given above?

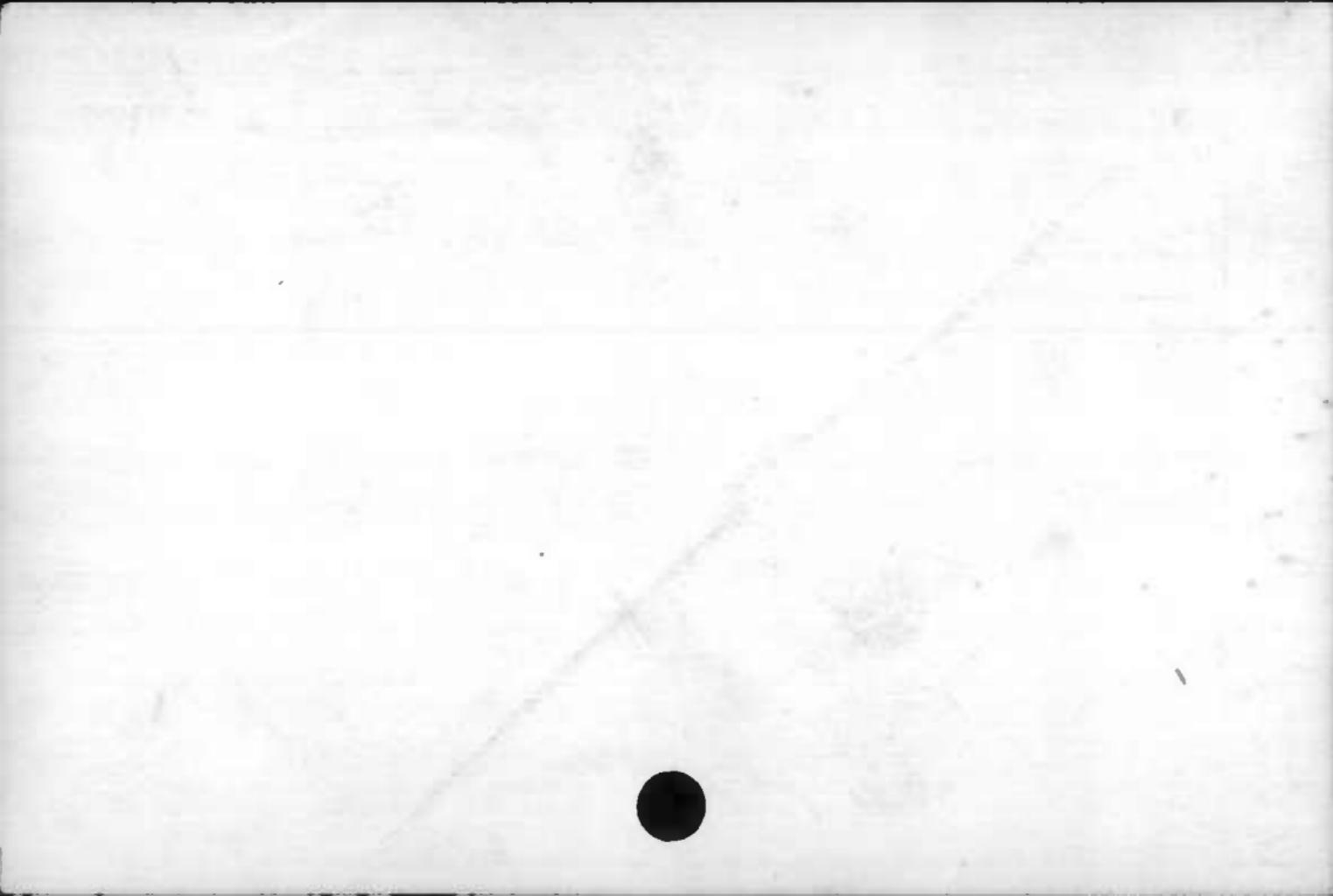
yes

Signature of  
Physician

Address

J. E. Pittsugle  
Hagerstown  
Md

Accident or Suicide



Name  
in  
Full

Joshua S. Wise ~~✓~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at	Hagerstown	Wash.			
Date of death	1909	Month	5	Day	3
Age	78	Years		Months	1
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	Blacksmith	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife Husband	Sarah E. Wise	Father's Birthplace	Md.
Father's Name	John Wise			Mother's Birthplace	Md.
Mother's Maiden Name	Elizabeth Cockerew			How related to deceased	daughter.
Name of person giving Information	Wm. B. R. Garlinger				

CAUSES OF DEATH

64

How long

1 day

How long

Primary

Cerebral Hemorrhage.

Immediate

Cardiac Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. Schmeisley

Hagerstown, Md.

Accident or Suicide

Sectio

Name  
in  
Full

Elizabeth Krieger +

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	Roxbury		County	Washington	
Died at	Month	Day	Years	Months	Days
Date of death	1909	May	19	Age	78
Sex	Color or Race	Female	White	Birth-place	Maryland
Occupation	Housewife —		Where Residing if not at place of death	Roxbury, Md.	
Married, Single or Widowed	Widow		Name of Wife or Husband	Solomon T. Krieger	
Father's Name	Jacob Esterday		Father's Birthplace	Maryland	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	Charles E. Baker		How related to deceased	Son-in-law	

CAUSES OF DEATH

Primary

Apoplexy

64

How long

Gravidae

Immediate

Heart Failure

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. S. Davis

Boonsboro

Accident or Suicide

Brunig & Batt  
Hudnuttes